

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First 20. DATE KNOWN Month Doy Yeor (Type or Print) ESTI-JOSEPH MULLIA 13, 196810:45 Poge JAMES DEATH MATED delay and 3 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2, o. P.M3. 11/20/92 MALE WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH TRELAND U.S.A. WIDOWED X DIVORCED [Poges BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) quive street address ADMIN. HOSPITAL INDUSTRY Give FORT HOWARD 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER MARY IAND 1/3b. COUNTY 140 E. CLEMENT STREET YES NO BALTIMORE pencil in Item after 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME ELIZABETH MALLITAM MULIA McKNIGHT hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within 12 45 44 CLINICAL RECORDS, VAH, FT. HOWARD, MD. File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ONLY DESCRIPTION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) ar removal. 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES T 3 should 210. EXTERNAL CAUSE WAS 21b. TIME OF IN URY Month, Dov. Year 215-HOW INJURY OCCURRED (Enter noture of injury in Part) 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (Af hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote moy be retained for your FUNERAL DIRECTOR: Page focto AT HOME WHILE AT WORK AT WORK E. CLEMENT ST .. BALTC MD. pleose execute 220. I certify that I took charge of the remains described above held on Autopsy [Inquiry / Inspection | and in my opinion Notural causes . Accident ... death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral SIGNATURE **EXAMINER'S** 5 moy FO FUNE Heolth NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) BALTIMORE, HOLY CROSS CEMETERY MD. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE E. FORT AVE. JAMES J. MCCULLY FUNERAL DIR., BALTO., MD.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13918 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 20. DATE KNOWN 1. DECFASED-NAME First Middle Month (Type or Print) ESTI-RICHARD F. W. ALTE DEATH MATED Oct. IF UNDER I YEAR · co 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD pup Male White 615/1878 1968 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED with farm Germany WIDOWED T DIVORCED [USA Baltimore the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Store-keeper INDUSTRY reet address)
Silver Lane Essex 21221 Give Store 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Baltimore NO . 70 Silver Lane Essex after IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Middle Unknown Unknown haurs pages should be farwarded to the Chief Medical Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) 214 22 6996 Marlyn Ave. William Metgzer 726 S. File within .= be executed 18. CAUSE OF DEATH (Enter only one couse per line tex (o), (b), and (t) BEDWEEN ONSET AND DEATH permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). any This certificate shauld the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🗀 NO 14 be OF 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK FUNERAL DIRECTOR: Page please execute Inspection P 220. I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my opinion director. death resulted from: Accident Suicide [Undetermined monner Homicide Notural causes La CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TO FUN. Health NAME (Theodore Patterson, M. D. 105 Main St. ADMINISTRAY, No. 21282 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 10/14/68 23d. LOCATION (City or Town) (County) (Stote) BURFMONA (Specify) Oak Lawn Cemetery Baltimore, Md. 24. JEUNERAL DIRECTOR ADDRESS Bruzdzinski Funeral Home 1407 Eastern Ave. VR A15ME (5)

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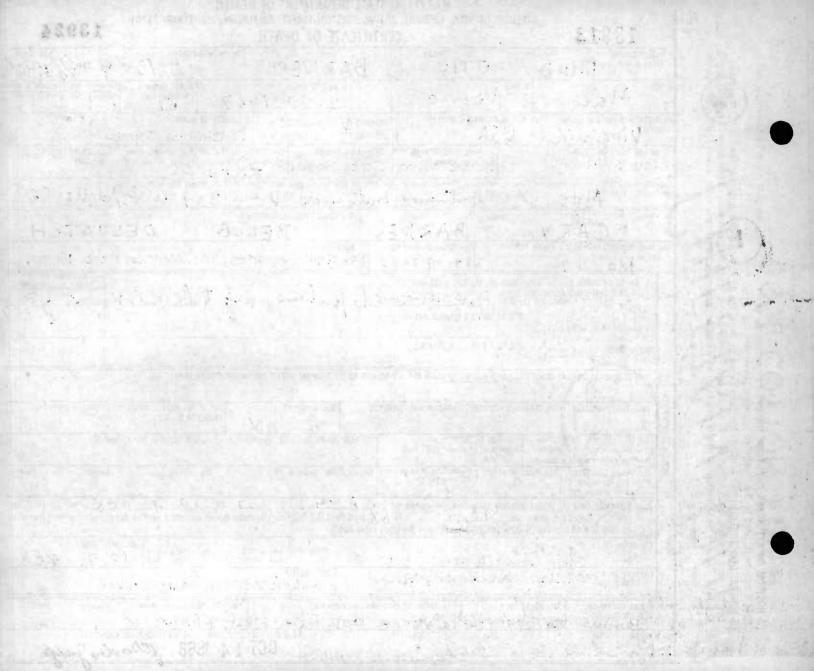
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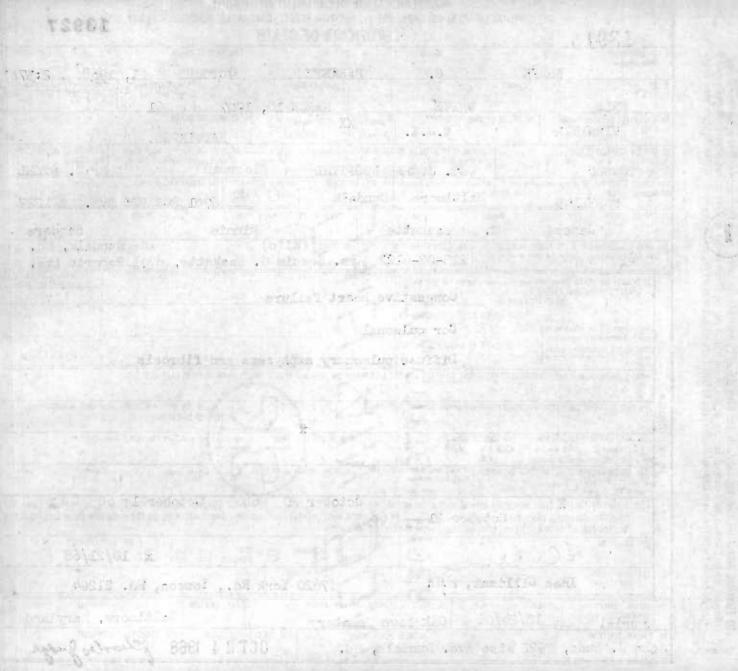
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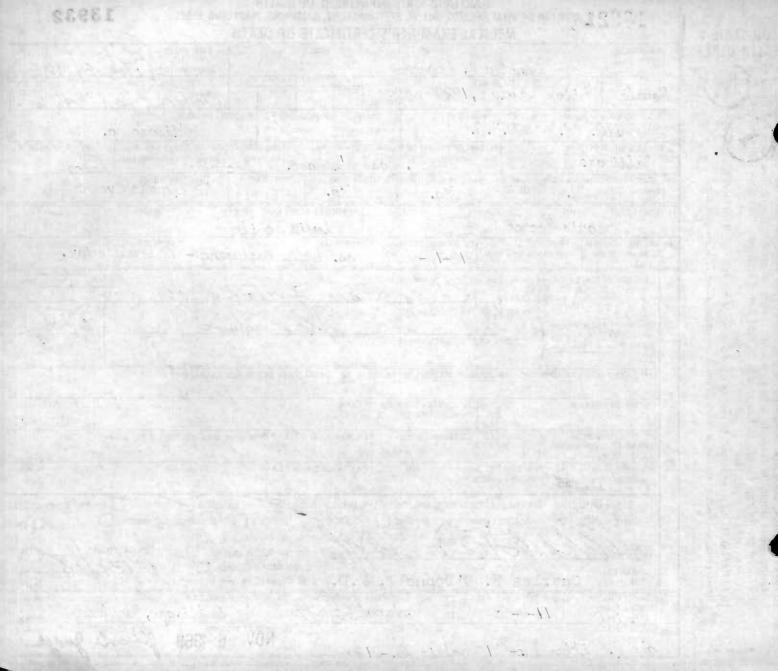
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13929 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 20. DATE OF DEATH (Type ar print) Douglas Wesley Baugher 4 RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years executed within 24 haurs after White pledse remove carban papers. Page® II, and in any event, within 72 haurs aft Male 4/28/51 Josy birthday) HOURS campletely filled in by the 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED A country) Md. USA Baltimore WIDOWED DIVORCED 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) **INDUSTRY** Owings Mills Rosewood State Hospital none 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Carroll Union Bridge YESTX NO Route #2 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle an and Goldie Harry Baugher H Marsh requires that the death certificate 16b. SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yesano, ar unknawn) Rosewood Records Owings Mills, Md. burial, crematian, or remaval, none APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
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DUE TO, OR AS A CONSEQUENCE OF rise ta immediate cause (a). Page 4 may be retained by the haspital ar attending physician. stating the underlying cause EPILEPSV. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been be detached far use as the State Dept. af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES T NO 🔀 this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22o. I certify that (I) (this hospital) attended the deceased fram 10-27, 19.68, ta 10-27, 19.68, that (I) (we) last sow the deceased alive an 10-27, 19.68, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady ofter death. O FUNERAL DIRECTOR: After directar, page 3 should shauld be filed with the 22c. DATE SIGNED 22b. SIGNATURE Massaud DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS MASSOUD KAYE Rosewood State Hospital, Owing NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL TREMATION, 23b. DATE (County) (State) REC'D BY REGISTRAR FUNERAL DIRECTOR 30M REV. TAGE

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	0,	3 CKe 45VIIIe give street oddress) Blink MASENIC during most of working life, even if reting	ed.) INDUSTRY
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ľ	4. F	ATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	lle Last
ŀ	14.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addr.	rauble
I		es, no, or unknown) (If yes give war or dates of service)	ic Home
E		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
ŀ		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	BETWEFN ONSET AND DEATH
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ı		Canditions, if ony, which gove) William Committee and Missing Committee and Canditions (Committee and Canditions)	ease
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ı		lost. (c)	
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ı	N N	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDI	NGS CONSIDERED IN CERTIFYING
1	CERTIFICATION	YES NO CAUSES OF DEATH?	NOS CONSIDERED IN CERTIF PINO
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Po	ort 2, Item 18.)
		☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 19	
1	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. IOCATION Street or R.F.D. No. City or Town	County State
1		ot work of work	10/8
I		22a. I certify that (I) (this haspital attended the deceased from 1963, and that in (my) (aur) apinion death occurred an ti	, 19 <u>6</u> , that (I) (we) last
1		saw the deceased alive an 1967, and that in (my) (aur) apinion death occurred an the causes stated abave, (1) (we) (did) (did not) view the body after death.	ie date and hadr and train the
		22b. SIGNATURE ATTENDING MED CTAFF	22c. DATE SIGNED
		CHARLES TO DEGREE PHYS. DIRECTOR PHYS.	
		22d. PHYSICIAN'S TAM (HII) HAM FO.MI. 22e. ADDRESS Calleys Ville,	40.
	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
	230.	REMOVAL (Specify) 10-24-1968 Mt. Olivet Conetry Frederice	E Md
I	24,	FUNERAL DIRECTOR ADDRESS 250. REC'O BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	4	Mach Berns Towar Tows m Md 2120 0ABCT 7 1968 ACC	only Judge



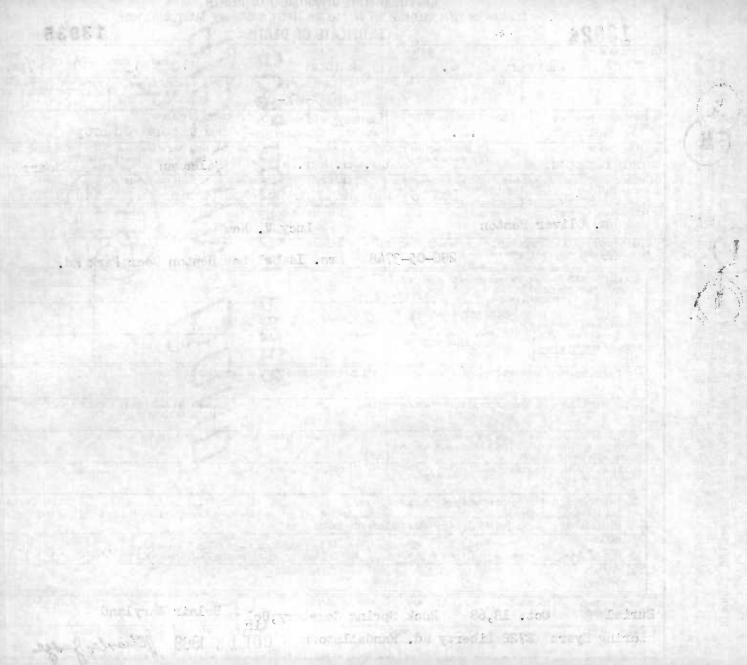
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	1			PEPARIMENT OF HEAL		
VII		13923	DIVISION OF VITAL RECORDS, 301 W. PRE		E, MARYLAND 21201	
M	1	TOOM	CERTIFICA	ATE OF DEATH		13934
٠ 4 ح		ECEASED-NAME Fire	Middle	Lost 2a.	DATE OF DEATH	2b. HOUR
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ectrectivity of campletely ave carba	adm	issian) STATE	18b. COUNTY Ra 17	YES NO	534 South B	entalass.
The way	14	FATHER'S NAME First	Middle Last IS.	MOTHER'S MAIDEN NAME First	Middle	Last
and rem	1	<i>F</i>	1/ 7		riepman	2031
e b ase	140	, WAS DECEASED EVER IN U.S. A	AED FORCES? 166. SOCIAL SECURITY NO. 17. INF	FORMANT		M
OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect to retained by the haspital or attending physician. **IRECTOR: After this certificate has been signed by the attending physician and carried to the state of the state burial transit permit. Then please remayed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any the state Dept.	100				Mrs. Musand XXX 534 S. Bent	ora M. Benner
phy en ava	-	NO	217-03-3698	1800 to the contract	AAA 334 S. Delit	APPROXIMATE INTERVAL
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the the sit p		Conditions, if any, which gave		name Carda	was when please	& YEARS.
that an. by tl ransi		rise to immediate cause (a)	DUE TO, OR AS A CONSEQUENCE OF			
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equires 1 physicia signed k burial-tr		_	(c)	THE TERMINAL DISEASE OR CONDIT	ION CIVEN IN DAPT 1/a)	
pl pl		LI // 2	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDIT	ION OIVEN IN PART I(U)	
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まままず ✓	CERTIFICATION			YES NO		
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Paris de la companya		causes stated abo	e, (I) (we) (did) (did nat) view the bady after de	ath.		
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OR O		W.	John John DEGREE	E PHYS. MED. DIRECTO	R PHYS.	10-30-48
AI PAI		22d. PHYSICIAN'S	1	22e. ADDRESS	0.11	
ERA ERA I be		NAME (Type)	ANGELITA TIPACIO	136	817 .	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 boars after Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 69 the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 should be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after the should be filled with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after the should be filled with the State Dept.	230		DATE 23c. NAME OF CEMETERY OR CO	REMATORY 23d	LOCATION (City or Town)	(County) (State)
Page Air		REMOVAL (Specify) BURIAL	11-2-1968 Loudon Park (Baltimore, Ma	arvland
()0	24.	FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REG	ISTRAR 2Sb. REGISTRAR'S S	IGNATURE _
VR A15 (1) 30M REV. 128			d, 4107 Wilkens Ave. 21	1229 DATE NOV	4 1968 gclio	wells Indal
Jai	11.			DAIL 1101	I 1000 /-	

THE RESERVE THE PROPERTY OF TH 3688I April 15 cm Cl. 830 A VOH - CONTACT OF THE SECURITY SEED OF THE SECURITY

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13924 13935 CERTIFICATE OF DEATH by the funeral pages 1 and 2 rurs after death. 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR executed within 24 haurs after death (Type or print) 1 Month 15 Doy Obiver Benton 7 pm M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost bigthday) Male White 10-27-04 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Marvland U.S. Baltimore County WIDOWED DIVORCED [E 2 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY Sears give street oddress) Bal to . Co . Gen . Hoduring most of working life, even if retired.) Randallstown 13c. CITY OR TOWN 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY NO F Deer Park Road Balto Randalls to WAD 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Wm. Oliver Benton Lucy V. New flicate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or Nonown) (If yes give war ar dates of service) 298-05-3748 Mrs. Isabel Lee Benton Deer Park Rd. burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)

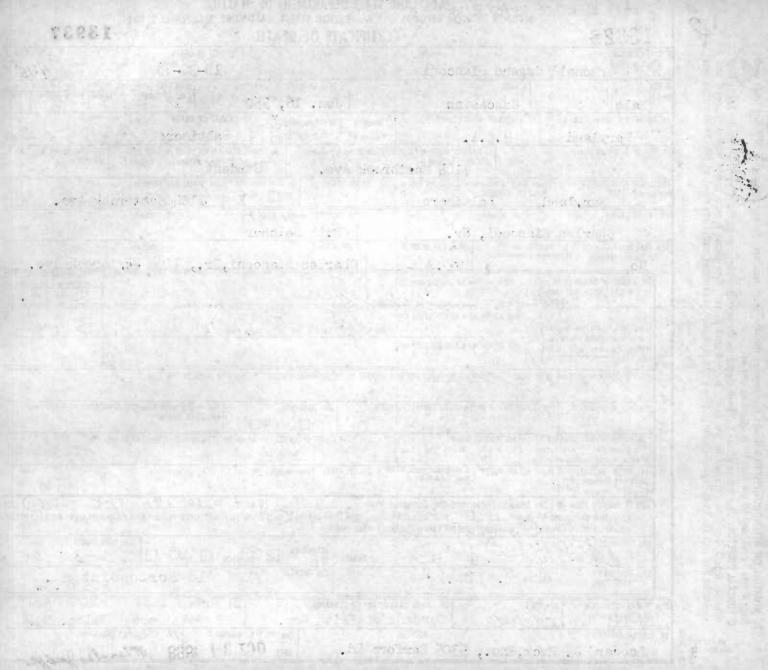
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH ATTENDING PHYSICIAN: The law requires that the death signed by the attendi burial-transit permit. IMMEDIATE CAUSE (o) (EPAROSIS Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been shauld be detached far use as the vith the State Dept. af Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO A YES [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 23f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 22a. I certify that (1) (this haspital) attended the deceased fram. causes stated abave, (I) (we) (did) (did not) view the bady ofter death. 22b STGNATURE 22c. DATE SIGNED directar, page 3 DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)
Belair Maryland 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) BUSMPYAT Specify) Oct. 18,68 Rock Spring Cemetery, Bel 8728 Liberty Rd. Randallstown 30M REV. 1/68



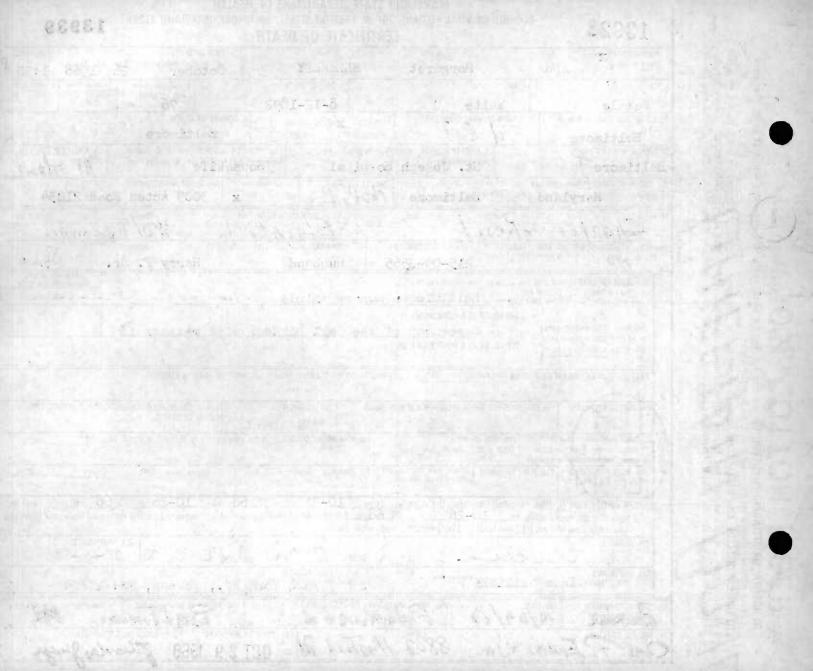
				ID STATE DEPARTMENT		
		12002			BALTIMORE, MARYLAND 21201	
	B	13925		CERTIFICATE OF DEAT	TH	13936
4 -24		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
o o o o	1	ype or print) EVELY	N ROSE	BERR	Y 10 Month 6 Do	1968 50 4M
	3. SI		4. RACE A 1	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNOER 1 YEAR 1F UNOER 24 HRS.
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e exected and co	14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NA	AME First Middle	lost lost
are bush	160	WAS DECEASED EVER IN U.S. ARME	MOINT ''		Address	DORSEY
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ictan: The low requires that the displace or ottending physicion. Artificate has been signed by the other for use as the buriol-transit perroof Health prior to buriol, cremotion.	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examine	HOUR A.M. Month Doy Yeor P.M.	9		
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ATTENDING Ptained by the Strong After to should be d with the State		saw the deceased aliv	re on 6 Oct	19.63, and that in (pay) (our	19 <u>66</u> , ta <u>60er</u> , 19) apinian death occurred an the do	ate and haur and fram the
TA tain this this this this this this this this		22b. SIGNATURE	p) (we) (did) (dia noi) view ille	body uner deam.		DATE SIGNED
OR JOR JOR JOR JOR JOR JOR JOR JOR JOR J	Е	1/1/1	WTMM	DEGREE PHYS.		6 Oct 1968
AL (22d. PHYSICIAN'S	· · Critico	22e. ADDRESS	DIRECTOR PATE 11113.	001 1700
ERA MO		NAME (Type) Willi	am Newcomer, I	A.D. Moun	t Wilson Maryla	nd
Poge 4 may be retained by the hospital or for FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	230.	BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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VR A15(4)	24.	FUNERAL DIRECTOR	ADDRESS	2So. RI	EC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
30M REV 68		C.E. Hicks.11	1 Frederick.	DATE	ICT 10 1968 gclis	res judges

13936 E TO EVENDED TO THE TEST OF THE SECOND OF THE SECOND SECON MD. US vanical en aid late Though Hilson . Wilson St. Hosp. Mc Szweczne THEOREM STREET, IN STREET, W. S. T. LINGSHAM W. C. ST. FRAME AND HALL MARCAIRET ST. DOREST That know state mostly with the state drongs that The state of the s 101 - 101 - 1-01 - 10 M.S. AND THE RESERVE OF THE PARTY OF

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, and in ony event, within 72 hours after death	3. SE	X	4. RACE		S. DATE OF BI		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR: MONTHS DAYS HOURS MII	
ours after		Male	Caucasia			16,1950			_
	7o. E	IRTHPLACE (State or foreign try) Maryland	76. CITIZEN OF WHAT CO	WIDO		RCED I	INTY OF DEATH Baltimore	,	Md
00		ITY OR TOWN OF DEATH	give street	F HOSPITAL OR INSTITUTION address Eastbroo	k Ave.	during nest of	UPATION (Kind af wark dane warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
3	13a. admi	USUAL RESIDENCE (Where deceded ssign) STATE Marvland	13b. COUNTY	desidence befare 13c. CHT	Y OR TOWN	13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBER 7104 Eastbr	rook Ave.	
1	14. f	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MA	AIDEN NAME First	Middle	Last	Ī
		Charles E	ianconi, Sr		Ruth I	Belcher			
	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT		Address		
		es, na, ar unknawn) (If yes give	wai or dates of service;	NONE	Charles	Bianconi	Sr., 7104 Eas	stbrook Ave.	
		18. CAUSE OF DEATH (Enter o	nly ane cause per line fa	(a), (b), and (c).)	0			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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٨	CERT	21a. ACCIDENT WAS UNDERLY	NG 216. TIME OF INJU	JRY 2			e af injury in Part 1 ar Part 2,	Item 18.)	-
	MEDICAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Me	anth Day Year					
	MED	21d. INJURY OCCURRED 21d. While Not while at wark		OME, FARM, STREET, FACTORY,) 2 E BUILDING, ETC.	1f. LOCATION Stree	et ar R.F.D. Na.	City ar Tawn	Caunty State	
	110	22a. I certify that (4) (1	his hospital) attende	d the deceased fran	1	1964,	ta 10-29 , 19	68, that (1) (we) lo	1!
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		22b. SIGNATURE	e (I) (we) (aid) (aid	mor) view the body o	Her deom.		22c.	DATE SIGNED	-
		(15 Fil	tean	120	DEGREE PHYS.	DIRECTO	R STAFF PHYS.	10-30-68	
1		22d. PHYSICIAN'S NAME (Type) JC	ohn B. Lit	tleton	22e. ADD	7104	Old Northp	oint Rd Balto md	
	230	BURIAL, CREMATION, 23b	DATE	23c. NAME OF CEMETER		1 1	LOCATION (City or Town)	(Caunty) (State)	
			/2/1968	Gardens of	Faith C		Baltimore ISTRAR 2Sb. REGISTRAR	Balto. Md.	_
0	24.	FUNERAL DIRECTOR Leonard J. Ri	ands Tron	ADDRESS	Pd.	2So. REC'D BY REG			
		Leonard J. K	JCK, LHC., 5	JUJ Hartora	THE	DATE THE	I INTH VCC	couls Ones	



2 25		MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	12010
FOR STATE	in.	13927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13938
HEALTH DEPT.	I. D		Day Yeor 2b. HOUR
		Type or Print) Lois Benson Birmingham DEATH MATED DAT	1 1968 8 PM
ay 3 t Pag	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
ny delay is 2, and 3 ta PM3. Page		Aug 25 1903 loss birthdoy) MONTHS DAYS HOURS MIN. Month Doy's	Yeor 1968 9 PM
2,2	70.	BIRTHPLACE (State or foreign, 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY-OF DEATH	0.01 1 1
ath ath form	cour	Maryland U.S.A. WIDOWED DIVORCED Baltimore	Md.
death Page. 1, with form	10. (12b. KIND OF BUSINESS OR INDUSTRY
the the de state of the the state of the sta		TOWSON JT. JOSEPH HOSP. DURI HT home	INDUSTRY
de K alma		USUAL RESIDENCE (Where deceosed lived if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY to City Baltimore YES NO 13b. COUNTY to City Baltimore YES NO 13c. STREET AND NUMBER PORTS NO 122 PORTS NO 13c. STREET AND NUMBER PORTS NO 122 PORTS NO 13c. STREET AND NUMBER PORTS NO 13c. STREET AND NU	land Ave
haur Item Office I and after	14. [FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 in lin li		Thomas J Benson Bessie H.	Burk
hin 24 ncil in niner's pages haurs	160. (\	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS	0111
Exan File 72	-	1215-08-01371 harles H. Birmingham 4122	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c)	BETWEEN ONSET AND, DEATH
xecu Iding Aedi perr		HIO 9 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	Sudden
pen pen iven	17	Conditions, if any, which gave	
ord ord -tra		rise to immediate couse (o), (b) Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld I e word a the Ch ourial-tra in any		last.	
INER: This certificate shauld be executed within 24 e certificate, writing the word "pending" in pencil in shauld be forwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages oution, or remayal, and in any event within 72 hours		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifico ifing arde al, c	N	4201	
wri wri orwo used may	CATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ate, of the feet of the fe	CERTIFICATION		YES NO Z
= -		PRIMARY OR CONTRIBUTING HOUR A.M.	em 18.)
INER e cer shaul files. 3 sha atian	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
		WHILE NOT WHILE foctory, office building, etc.)	
		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection Inquiry	and in my apinian
y, please execural director. Page executed director. Page executed for a Director. Page prior to burial,		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
please explication director. Particular director. Particular director. Particular director.	- 4	CHIEF MEDICAL EXAMINER	11
ral of ral of AL L		SIGNATURE PROCEEDS TO THE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATES	SIGNED/
SSarrune une uy b NER		EXAMINER'S DEPUTY MEDICAL EXAMINER	168
necessary, pure funeral 5 may be r to FUNERAL Health prior	- 00-	NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county)	16
5 - + 25 - /	230	REMOVAL (Specify)	(County) (Stote) Md
W. A.	24.	04111	SIGNATURE
VR A15ME (5)	1	Burges, Funeral Home 3631 Falls Rd DATE OCT 7 1988 pelis	rles Judge
TOM RET. IT OUR		William R Kleiben	0 0



11					STATE DEPARTMENT OF I			
100	r .	12000	DIVISION OF		1 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	1394	0
1	DECE	13929 ASED-NAME	Firm	Middle	RTIFICATE OF DEATH	2- DATE OF DEATH /		
1.		ar print)	LARA .	middle M4		2a. DATE OF DEATH Day	4 -68 4 Year	2b. HOUR
3.	SEX	F	4. RACE	V	S. DATE OF BIRTH	6. AGE (In years last birthday)		UNDER 24 HRS.
	i. BIR'	HPLACE (State or foreign	7b. CITIZEN OF WH.		MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	e-	Md
10	CITY	OR TOWN OF DEATH	11. NA giyê si	ME OF HOSPITAL OR INSTITUTE OF HOSPITAL OR INSTITUTE OF THE PROPERTY OF THE PR	JTION (If nat in haspita)/ 12a. USU	AL OCCUPATION (Kind of work done ast of working life, even if retired.)	12b. KIND OF BUS INDUSTRY	SINESS OR
		JAL RESIDENCE (Where d	eceased lived, if institution		C. CITY-OR-TOWN 13d. INSIDE CITY L		in atorix	Pisit.
14	. FAT	HER'S NAME First	Middle	d Last	IS. MOTHER'S MAIDEN NAME F	irst Middle		last
1		AS DECEASED EVER IN U.S na, ar unknawn) (If ye	-	16b. SOCIAL SECURITY NO.	17. INFORMANT Clau B SegR	Address Po	mington	Cersle
-	18	PART I. DEATH WAS C	er anly ane cause per lin AUSED BY: MEDIATE CAUSE (a)	e far (a), (b), and (c).)	Bronchopne		APPROXIMATE BETWEEN ONSET 2 do	AND DEATH
		+/2 7 nditians, if any, which g e ta immediate cause	DUE TO, OR A	S A CONSEQUENCE OF		icular Failur	1	
		iting the underlying co	DUE TO, OR A	A CONSEQUENCE OF	rteriosclerolic	Heart Diseas	e 10 /e	ar?
2	14	ART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
CEDILICATION	19	DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFO	RMED 20a. AUTOPSY? YES □ NO 🐷	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTI	FYING
	\$ C	OR CONTRIBUTING CAUSE CO either, notify medical e	F DEATH HOUR A.M.	INJURY Manth Day Year	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 18.)	
AAF	W	d. INJURY OCCURRED hile Nat while wark		AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.			Caunty	State
		a. I certify that (I	(this hospital) atte ed alive an bave, (I) (we) (did) (nded the deceased 196 did nat) view the ba	from, 19C S, and that in (my) (our) apily after death.	3 , ta 10 , 13, 19 inian death accurred an the do	te and haur and	d fram the
	22	b. SIGNATURE	eath Ar	omley	DEGREE PHYS	MED. STAFF	DATE SIGNED 14.	68.
	22	d. PHYSICIAN'S NAME (Type)	SITH A.	MANLE	Y 22e. ADDRESS 264	45, YORK ROP	to. Tir	7 NI41
23	R	IRIAL, CREMATION, MOVAL (Specify)	23b. DATE 10-17-6	8 PRUI	ETERY OR CREMATORY	23d. LOCATION (City or Town)	M	State)
2	4. FU	MCOOK-B	Rocks Tow	ADDRESS 1050	YORIC IRD 250. RECD E	T 1 5 1968 REGISTRAR'S	SIGNATURE SURS	R.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13930 CERTIFICATE OF DEATH DECEASED-NAME Lost First Middle 2o. DATE OF DEATH 2b. HOUR within 24 haurs after death. death 20 M (Type or print) by the attending physician and campletely filled in by the funeral transit permit. Then please remave carban papers. Pages 1 and crematian, ar remaval, and in any event, within 72 hours after deaf Lucy May Bortner 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS Aug. 10, 1892 female white 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Va. U. S. Baltimore WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Catonsville SPRING GROVE STATE HOSP housewife 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE J/3h. COUNTY YES NO Md. 4527 Keswick Road Balto. 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle George Herndon Aida Mack The law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) 212-03-3923 Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (a). **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse be detached far use as the burial-State Dept. af Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO 📝 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote County While Not while of work 22a. I certify that (*) (this hospital) attended the deceased from Nov. 11, 1959, to saw the deceased glive an 10-_19 6 and that in (my) (aur) opinion death accurred on the date and haur and fram the saw the deceased alive andirector, page 3 shauld shauld be filed with the causes stated obave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. PHYS. 22e. ADDRESS SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S NAME (Type) Baltimore, Maryland 21228 23o. BURIAL, CREMATION. 23b. DATE LOCATION (City or Town) (Stote) REMOVAL (Specify) FOWERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE

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0/		13931	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 212	01
1		TOSON		CERTIFICATE OF DEATH		13942
		ECEASED-NAME Fire	st Middle	Last	20. DATE OF DEATH	2b. HOUR
	(1	ype ar print)	FRANCIS L.	BOYCE	OCT.	Doy 1968 2:15 PN
	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In yea	
l		MALE	WHITE	3-14-	8.6 last birthday)	YRS. MONTHS DAYS HOURS MIN.
Я	7o. l	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	,
	caur	Md.	V.S.	WIDOWED DIVORCED	BALT	TMORE Md
0	10. (CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street address)		SUAL OCCUPATION (Kind of work	
		BALTIMOR	Jumm!	IT JUURSING 7	MANDERR	BEC.
0	13a.	USUAL RESIDENCE (Where dece issian) STATE	eased lived, if institution: Residence before 186. COUNTY			ER 10
11	_	ma'		XOALTO IN	10 316 mar	Tengalo lare,
7	14. [FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Mid	dle / Lost
Ц		OFFO. PSO	DYCE	KATEL	BULLOCK	
		WAS DECEASED EVER IN U.S. A 'es, no, grunknown) {If yes give	RMED FORCES? re war or dates of service)	Y NO. 17. INFORMANT	Addi	ress
		NO		11/1/22	1. BOPEE	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	anly one cause per line far (a), (b), and (0 4	BETWEEN ONSET AND DEATH
crematian, or remaval,			DIATE CAUSE (a)	ronary artery	occlusion	30 min
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		Conditions, if any/which governie to immediate couse (a)). (b)	ronary artery	selerosia	
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		lost.	ONDITIONS CONTRIBUTING TO DEATH BUT	HOT DELATED TO THE TEDANIAL DISPASS	NO VOICE STEER	e
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	NOI	19g. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS		2014 IE VES WEDE EIND	DINGS CONSIDERED IN CERTIFYING
2	CERTIFICATION	THE OF CLERKION	b. CONDITION TOK WINCH OF EKKNON WAS	YES NO	CALISES OF DEATHS	THOS CONSIDERED IN CERTIFINO
-	CERTI	21o. ACCIDENT WAS UNDERLY	YING 21b. TIME OF INJURY		nter nature of injury in Part 1 or F	Port 2 Item 181
		OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. Month Doy Ye	or	ner hardre or knjery in ren r or r	dir 2, 110111 10.)
ń	MEDICAL	(If either, notify medical example 21d. INJURY OCCURRED 21		FACTORY.) 21f. LOCATION Street ar R.F.D.	Na. City or Town	County State
		While Not while at work	OFFICE BUILDING, ETC.) Line State of Kills.	2) 01 101111	3,010
		22a certify that (1) (1	this hasnital) attended the decer	ised from Lee 31, 19	60 to Oct 22	1968 that (1) (we) las
		saw the deceased	alive an OCY 22	_19 68, and that in (my) (our) o	pinian death accurred an t	he date and haur and fram th
			ve, () (we) (did) (did not) v iew th	e bady after death.		
٩		22b. SIGNATURE	416.	ATTENDING OF	MED. STAFF PHYS.	22c. DATE SIGNED
		470	my o - Kny	DEGREE PHYS.	DIRECTOR PHYS.	10-22-68
		22d. PHYSICIAN'S NAME (Type)	PRILL KNIND	mo 22e. ADDRESS	dender 1	BAY 1 700
1	,	////		OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town	e paro Ma. cia
)	230.	BURIAL, CREMATION, 23E REMOVAL (Specify)	INTO CITY OF THE CONTRACT OF T	OF CEMETERY OR CREMATURY	770	100 /
0	24	FUNERAL DIRECTOR	23/68 201 2 - ADDRE	SS _ 250 REC'I		TRAR'S SIGNATURE
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		13932			TE OF DEA		L, MARTLAND 21201	13943	3
deoth.	(CEASED-NAME First ype or print) EDWAR		BOYE		2a.	OCTOBER DO	3 19 68	2b. HOUR 9:30A M
S S S	_	MALE	4. RACE NEGRO	S	DATE OF BIRTH		6. AGE (In years last birthday) 9 YRS.	MONTHS OAYS	HOURS MIN.
within 72 hours	cau	WARYLAND	b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED X		BA	NTY OF DEATH LITIMORE COUNT	ry,	Md
дз 30	F	ORT HOWARD		SPITAL	duf	USUAL OCCL	PATION (Kind af wark dane garking life, even if retired.)	12b. KIND OF I INDUSTRY	BUSINESS OR
30	13a. odm	USUAL RESIDENCE (Where deceased ssion) STARRYLAND	lived, if institution: Residence before	BALT IMO		NO NO	13e. STREET AND NUMBER 2601 Ulman Av	venue	
4	14.	ATHER'S NAME First	Middle Last		MOTHER'S MAIDEN N	AME First	Middle		Last
	160	WAS DECEASED EVER IN U.S. ARMED	o FORCES? 16b. SOCIAL SECURITY 217 07 25		ormant In RECORI	OS, VA	HOSPITAL, FT		MD.
4	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDI	DUE TO, OR AS A CONSEQUENCE OF (b) CEREBRAL A DUE TO, OR AS A CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT N	RTERTOSO	THE TERMINAL DISEAS	SE OR CONDITIO			
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		While Nat while at work 22a. I certify that (% (this saw the deceased alive causes stated above, (22b. SIGNATURE 22b. PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type)	haspital) attended the decease on 10/23/88 (we) (did) (did not) view the Over m.D.	sed fram_8/	that in (AR) (autor) ath. ATTENDING PHYS. 22c APPRESS VAH FOR	n) apinian o	ta_LO/23/68 , 19 death accurred an the d	D, that ate and haur of DATE SIGNED 10/23/68	(we) las
		BURNAL (Specify) Oct.	28, 1968 BALTI	MORE NAT	CIONAL		BALTIMORE, MAI	RYLAND	(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13944 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Month Day 2b. HOUR (Type or Print) ESTI-WITI.I.TAM EDWARD BRADY DEATH MATED 10-16 1968 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 2d. HOUR 3:00 1968 43 YRS. Male. White October Oct 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country Maryland WIDOWED [DIVORCED [USA BALTIMORE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Drill Press Oper. give street oddress) 2919 Ontario INDUSTRY Koppers Carney 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY Baltimore YES NO 2919 Ontario ond 2 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Katherine Phillips 24 David Brady .⊑ haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) 219-22-8737 Family Records File within APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Shotgun wound of mouth IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES X NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY X OR CONTRIBUTING HOUR A.M. Shot self CAUSE OF DEATH 10-16 19 68 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County Stote factory, office building, etc.) may be retained for yaur FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 2919 Ontario Baltimore Md. basement 22a. I certify that I took charge of the remains described above, held an Autapsy [X], Inquiry , Inspection . and in my apinian Suicide K. Homicide death resulted fram: Natural causes Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X 22b. DATE SIGNED October 17, 1968 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. **EXAMINER'S** 5 may ro FUNE Heolth NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) REMOVAL (Specify) Parkwood Cem. Baltimore Maryland Buria 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE VR A15ME C.F.EVANS & SON 8802 Harford road 1968

MAKTLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13935 13946 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day 2b. HOUR (Type or Print) EST1-Sophie Manu Page Branipan DEATH MATED deloy and 3 IF UNDER 24 HRS. IF UNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED DEAD and 19 68 Day 24 PM3. Year Female 5-20-81 YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Del along with form country) U.S.A. WIDOWED DIVORCED | Stote | Give Pages 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) 1247 Neighbors Ave. during most of working life, even if retired.) INDUSTRY HOSpital Rosedale 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Raltimone YES NO TY Rosedale Neighbors Ave Office after 14. FATHER'S NAME Middle First last IS MOTHER'S MAIDEN NAME First Lost hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1247 Neighbors Ave. 16b SOCIAL SECURITY NO pencil Examin od William H. Tudon (Yes, no, ar unknown) (If yes give war or dates of service) no File APPROXIMATE INTERVAL .⊑ within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and permit. should be forwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove rise to immediate cause (a). certificate should any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES I pe 2 g. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 0 PRIMARY OR CONTRIBUTING HOUR A.M cremation, PM CAUSE OF DEATH 21d, INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, affice building etc.) NOT WHILE AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion the tunerol director. Natural couses death resulted fram: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health moy **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county 50 23a. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) (emetery Baltimore Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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21o. ACC	NTRIBUTING CAUSE OF DEATH HO	D. TIME OF INJURY DUR A.M. Month Doy Yeor P.M. 19		TI SE	e of injury in Part 1 ar Part 2,	Item 18.)	
21d. INI While [at work	URY OCCURRED 21e. PLACE OF	INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			City ar Town	Caunty	State
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22b. SIG		/ //-	DEGREE PHYS.		CTAEE 22c.	DATE SIGNED 0/12/68	
22d. PH NA 23a. BURIAL, REMOVE	YSICIAN'S AME (Type) Wyman K.		22e. ADD			-,,	
23a. BURIAL, REMOVA Buri		23c. NAME OF C	emetery or crematory od Cemeter		LOCATION (City or Town)	Mary	ote) /lanc
24. FUNERAL ROBER	DIRECTOR	and ADDRESS urg Funeral M		2Sa. REC'D BY REG	ISTRAR 2Sb. REGISTRAR	S SIGNATURE	~

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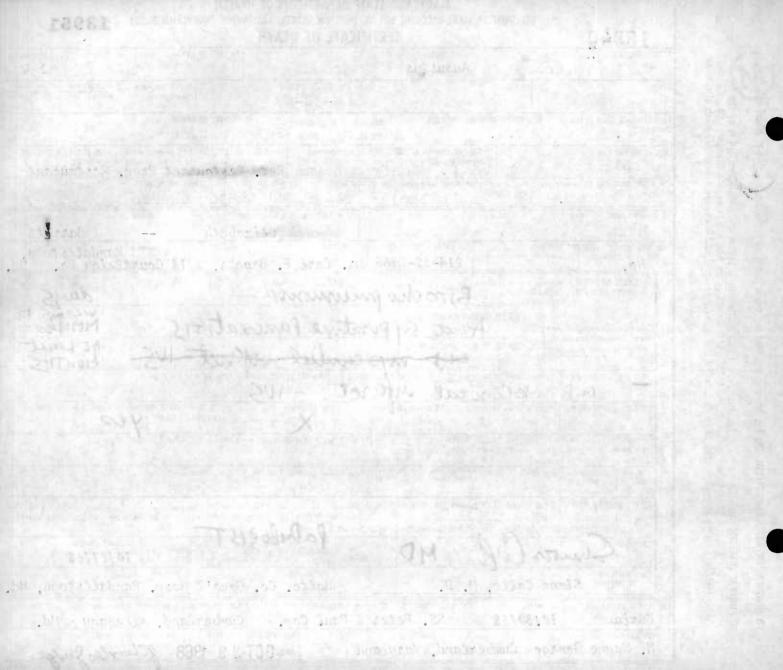
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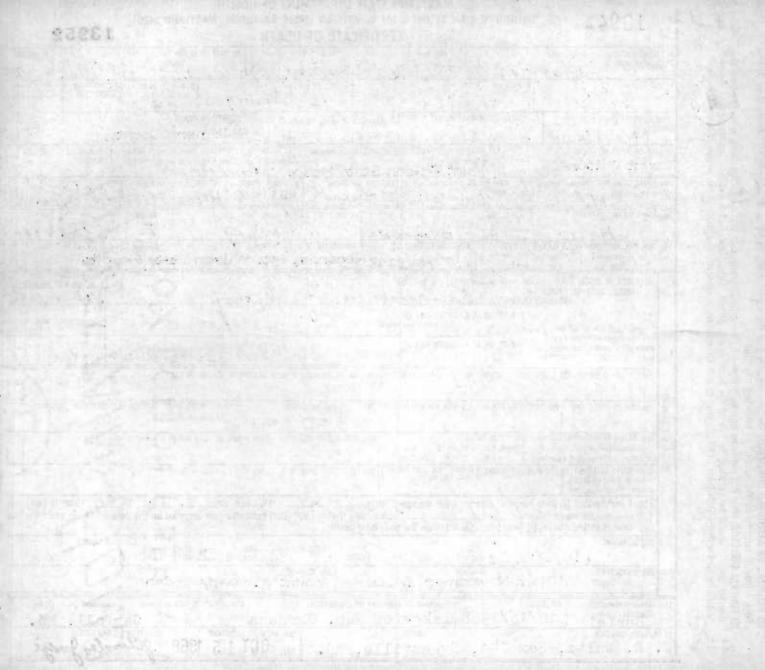
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Lill oct. 21,5: Or ar care

MAKTLAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13951 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR. please remave carban papers. Pages 1 and 2 1, and in any event, within 72 haurs after death (Type ar print) Month Year Merril Augustus Brooks 4. RACE S. DATE OF BIRTH IF LINDER I YEAR 3 SEX 6. AGE (In years IF UNDER 24 HRS. last birthday) hale White 8-30-89 YRS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Pa U.S. Baltimore WIDOWED A DIVORCED [Fled i 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Ret. Restaurant Prop. Baltimore give street address) INDUSTRY Restaurant and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER campl admission) STATE 13b. COUNTY NO F rid. Church Lane Baltimor requires that the death certificate be execut 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Middle and John Brooks Elizabeth Barrett 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Randallstown Yes, no, or unknown) (If yes give war ar dates af service) 214-32-2966 burial, crematian, or remaval, Mr. Carl F. Brooks. Courtleigh Dr 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and,(c).) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) dan permit. mono signed by the burial-transit p (anditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE stating the underlying couse RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT this certificate has been of Health priar ta use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY TO HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while ot wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from... and that in (my) (aur) opinian death accurred an the date and haur and from the saw the deceased alive an____ causes stoted above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 10/27/68 DEGREE DIRECTOR PHYS. director, page 3 shauld be filed PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Simon Calle, M. D. Balto. Co. Genr'l Hosp. Randallstown, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) 23o. BURIAL, CREMATION, BENOVAL (Specify) SS. Peter & Paul Cem. Cumberland, Allegany 10/30/68 Md. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR H. Wayne George Cumberland, Maryland 1968 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 13941 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13952 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type or print) orman 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years last birthday) 12-29 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ouriai-iransit permit. Then please remove carban papers burial, cremation, ar removal, and in any event, within 72 h Baltimore County DIVORCED [WIDOWED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Mount Wilson State Hosp during most of working life, even if retired.) Mount Wilson INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1 73b. COUNTY NO X requires that the death certificate be execu 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle BYDSENNE Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, no, or unknown) 19-10-6247 Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) signed by the burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO | 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer) HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased from 8 74, 19 68, to 10 -10, 19 68, that (1) (we) lost sow the deceased alive on 924 10 19 68, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (I) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR C STAFF
PHYS. DEGREE 22e. ADDRESS 22d. PHYSICIAN'S William Newcomer, M.D. Mount Wilson, Maryland NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 10/15/1968 Lakeview Mem. Gardens Carroll 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE DATE OCT 15 M. Waltz, Box 241, Sykesville, Md. 1968

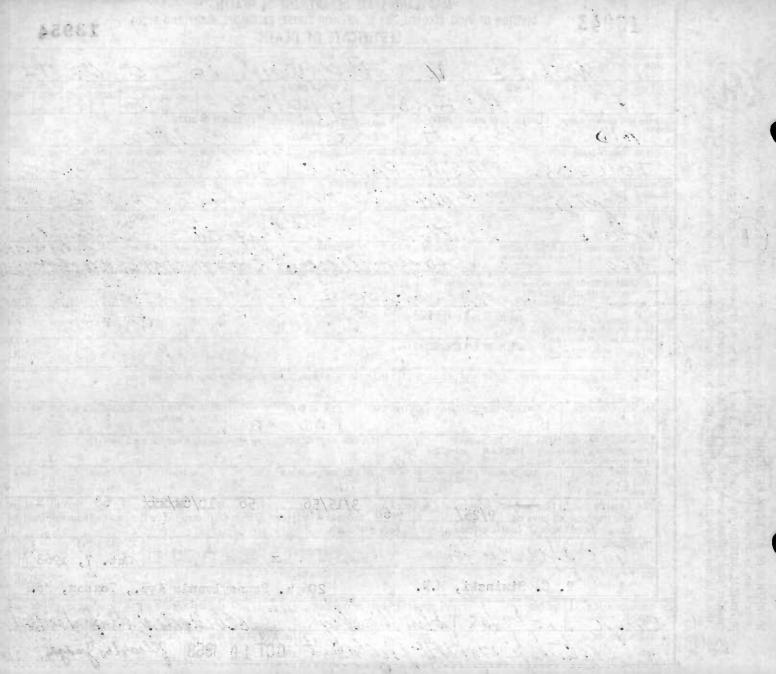


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13948 CERTIFICATE OF DEATH 13953 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR and 2 death. (Type or print) CHARLES H. BROWN 3:05AM 4. RACE S. DATE OF BIRTH 24 haurs after 3. SEX IF LINDER 1 YEAR 6. AGE (In years 6/29/95 last birthday) MALE WHITE 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MARYLAND BALTIMORE COUNTY. U.S.A. WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR within during most of working life, even if retired.) burial, crematian, or removal, and in any event, wit HOSPITAL FORT HOWARD 13e. STREET AND NUMBER 616 Cooks Lane 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admissian) STATMARYTAND 13b. COUNTY BALTIMORE Baltimore YES NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle First SARA CAMPBELL WILLIAM H. BROWN requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address attending physical nermit. Then ple Yes, na, or unknawn) (If yes gwewer or dates of service) 212 01 36 32 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:

BRONCHOPNEUMON IA BETWEEN ONSET AND DEATH DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p (anditions, if any, which gave) YEARS (b) PULMONARY EMPHYSEMA, MARKED rise ta immediate cause (a). stating the underlying cause OLD ARTERIOSCLEROSIS MARKED, GENERALIZED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) BENIGN PROSTATIC HYPERTROPHY, OLD. ENCEPHALOMALACIA, LEFT CEREBRUM, OLD **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES YES X NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (4) (this haspital) attended the deceased fram 6/26/68 , 19 , ta 10/17/68 , 19 saw the deceased alive an 10/17/68 19 , and that in (ASS) (aur) apinion death occurred as the deceased _, and that in (ASS) (aur) apinion death occurred an the date and have and from the causes stated abave, (Indwe) (did) (did note view the bady after death. 22c. DATE SIGNED 10/17/68 22b. SIGNATURE ATTENDING MED.
DIRECTOR ween. DEGREE 22e. ADDRESS VAH FORT HOWARD, MARYLAND 22d. PHYSICIAN'S PETER V. JUVAN, M. D. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, (County) BEMRYAL Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL 250 REGISTRAS SIGNAY REGISTRAR'S SIGNAY RE 24. FUNERAL DIRECTOR WITZKEDDE UNERAL HOME EDMONDSON AVENUE, BALTIMORE, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13958 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Virgina 10 Month 6 68 Year Morrow Burnham 4. RACE 5. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthday) 2/28/1898 Female White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Balto. Md. .⊑ Baltimore County DIVORCED IX WIDOWED | and campletely filled remave corbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

Housewife

INSIGE CITY LIMITS? | 13e. STREET AND NUMBER Great diress Balt. Med. Cen. INDUSTRY Towson Own Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Balto . 21 21 015 1 4 Upland Road 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Charles Maude Morrow Bellis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT AddresTowson. Md. Yes, no, or unknown) (If yes give war or dates of service) cremation, or removal, George H. Burnham . 1018 Rolandvue Ave 213-28-2077 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Respiratory Arrest Failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Con Pulmonale*- Severe Conditions, if ony, which gove 2 yrs signed by the buriol-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Chronic Emphysema 12 yrs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Coronary insufficency **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO X YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that (this hospital) attended the deceased from 10/4, 1968, to 10/6, 1968, that (we) lost sow the deceased alive on 1968, and that in (his) (our) opinion death occurred on the date and hour and from the couses stoted obove (we) (and) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. Shirin-Ghaem Maghami M.D. G.B.M.C. 6701 N. Charles St. 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) St. Ann's Annapolis Md. 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR W.Jenkins 4905 York Rd. & Sons Co. Melianter DOCT

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9 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYI AND
h 2ª h	13948 CERTIFICATE OF DEATH	13959
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ours after in by the firm Pages 1 tours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RUR	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ACCRESS	e. IS RESIDENCE ON A FARM? YES NO IC
within upletery carbon fint, with	3. NAME DF First Middle Last 4. DATE Month	0ay Year 4. 19 <i>68</i>
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nd iii	10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR line (County & State, or foreign country) 12. 11. BIRTHPLACE (County & State, or foreign country) 12. 12. 13. 14. 15. 16. KIND OF BUSINESS OR 16. 17. 18. 19.	CITIZEN OF WHAT COUNTRY?
ertificat ling phy Then p emoval,	13. FATHER'S NAME John R. Sparks 14. MOTHER'S MAIOEN NAME Mary Ann Grey	•
eath ce attend ermit.	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, No. or unkown) (If yes, give war or dates of service) None Family neareds	
The law requires that the death certificate of or attending physician. Cate has been signed by the attending physician use as the burial-transit permit. Then pleas tealth prior to burial, cremation, or removal, and	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAE NFARCTIONS (MULTIME)	INTERVAL BETWEEN ONSET AND DEATH
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PHYSICIAN: the hospital this certifi detached fo de Dept. of H		
ING PH by the offer the be det State D	Hour a.m. While Not While factory, street, office bldg., etc.)	
OR ATTENDING be retained by INECTOR: Aften ie 3 should be ed with the Stat	saw the deceased alive on 16/11 1968, and that death occurred a 450 M, from the causes and or	the date stated above
ay be r L DIREC page 3 filed w	Devold Z. Somewille M.O. ATTENDING MEO. DIRECTOR PHYS. 1	0/15/68
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	NAME (Type) DONACD L. SOMERVILLE TOWSON, MD 212	
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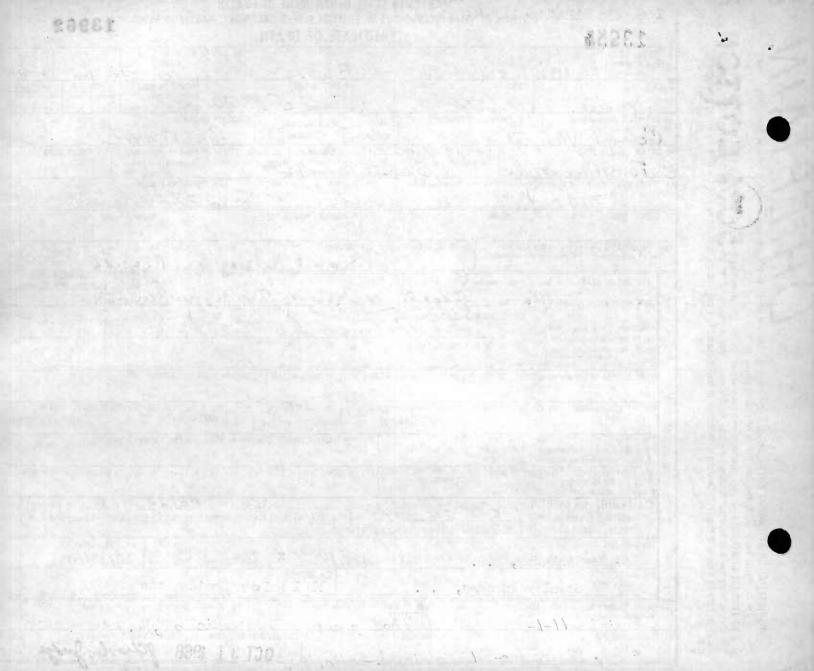
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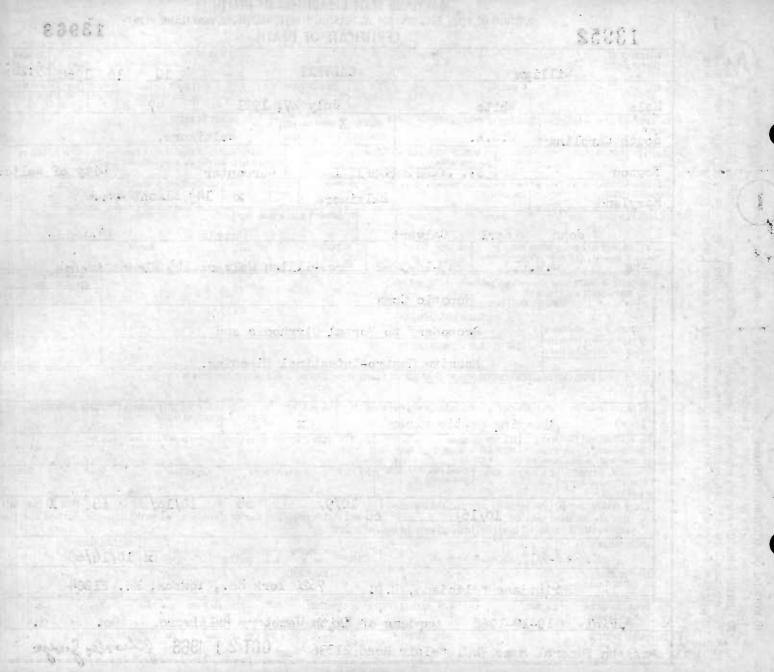
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	MEDICAL C	21a. ACCIDENT W or contributing (If either, natify r	CAUSE OF OEATH	HOUR A.M. er) P.M.	Manth Day Yea	19		CURRED (Enter natu			3.10	0.0
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	23a.	NAME (Type)		INKEL	23c. NAME OF	CEMETERY OF		G.B.M.	C . I. LOCATION (City	ar Tawn)	(Caunty)	(State)
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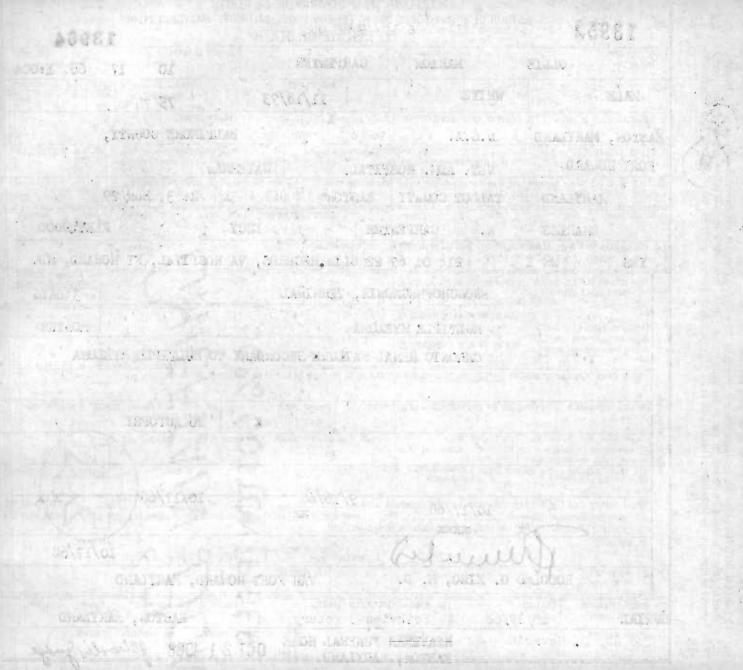
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DECEASED-NAME First (Type ar print)	Middle 111 am 5	Butler	2a. DATE OF DEATH Month Day	Yeor 4.20 A
male	Traine	S. DATE OF BIRTH	last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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2000sville y	give street address) Six	mout Murray Homes	most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
mission) STATE md.	3b. COUNTY	Backet. YES	NO 227 Lunde	u ase.
. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAM	E First Middle	Last
			rsing Lome Recor	
18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ally ane cause per line far (a), (b), and (D BY: ATE CAUSE (a)		ny ocerdiel una	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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rise ta immediate couse (a), stating the underlying cause last.)F		
4201		NOT RELATED TO THE TERMINAL DISEASE (OR CONDITION GIVEN IN PART 1(a)	
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OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Manth Day Yea ner) P.M.	or 19		em 18.)
While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.			County State
22a. I certify that (I) (the saw the deceosed a causes stated above	is hospitol) attended the decea live an e, (I) (we) (did) (did nat) view th	19 6 and that in (my) (our)	ppinion deoth occurred on the date	that (I) (we) loe and hour and fram th
COL CIGNISTURE	1.1	ATTENDING -	MED CTAFE	ATE SIGNED /30/68
22b. SIGNATURE Stanley Anku	idas, M.D. Laulee	PHYS.	DIRECTOR - IIII3 120	/30/00
Stanley Anku	ey Ankudas, M.D.	22e. ADDRESS	den Choice Lane	7,50760
00000	(Type ar print) SEX D. BIRTHPLACE (State or foreign aunty) O. CITY OR TOWN OF DEATH O. USUAL RESIDENCE (Where deceased mission) STATE 4. FATHER'S NAME First 60. WAS DECEASED EVER IN U.S. ARY Yes, no, ar unknown) 18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE IMMEDI. Conditions, if any, which gove rise to immediate couse (a). stating the underlying cause last. PART 2. OTHER SIGNIFICANT COLUMN TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOW	SEX 4. RACE D. BIRTHPLACE (State or foreign aunty) O. CITY OR TOWN OF DEATH O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dimission) STATE 4. FATHER'S NAME First Middle Last 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS INTERED, OF INJURY HOUR A.M. Manth Day Yee of Contributing Cause of Death (if either, natify medical examiner) 21d. INJURY OCCURRED While Not while Cause of Death Contributing Cause of Death Contribution Contributing Cause of Death Contribution Contributing Cause of Death Contribution	A. RACE S. DATE OF BIRTH	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost birthody) YRS. 7. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NO NIMITATION NIMITATI





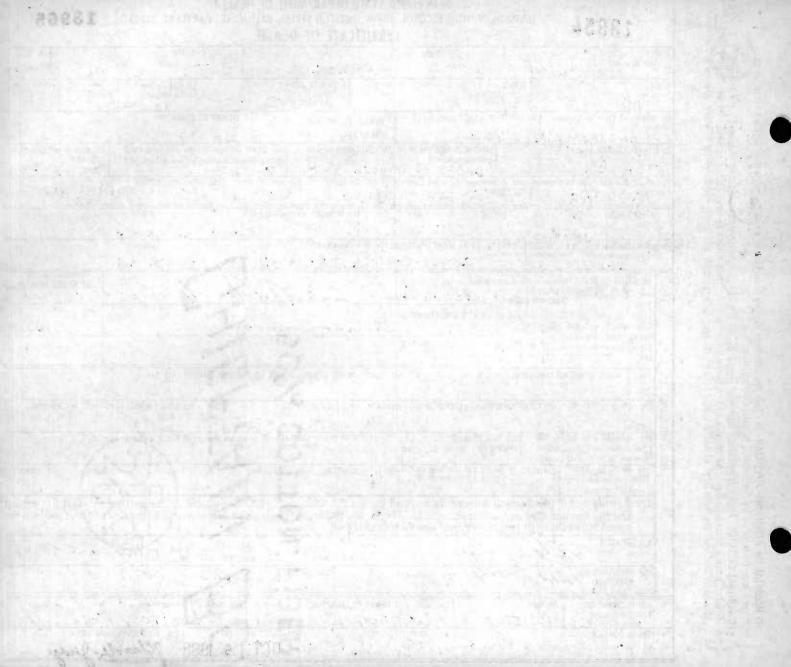
DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13964 DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR deoth. within 24 hours ofter deoth by the funeral Poges 1 and 2 OLLIE MARION CARPENTER (Type or print) 1:00A M 4. RACE WHITE Poges 1 2 Aours after of IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNOER 24 HRS. lost hirthdox) MALE 11/18/93 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THEVER MARRIED EASTON, MARYLAND and completely filled in U.S.A. WIDOWED [DIVORCED BALTIMORE COUNTY. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) ver ADM **INDUSTRY** FORT HOWARD remove corbon 13a. USUAL RESIDENCE (Where deceosed liyed, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? buriol, cremation, or removal, and in any event, executed odmission) STATEMARYLAND Wab. COUNTY COUNTY EASTON YES Rt 3, Box 29 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Middle LUCY FLEETWOOD CHARLES CARPENTER W. attending physicion permit. Then please requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no or unknown) 218 01 69 22 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY BRONCHOPNEUMONIA, TERMINAL permit. 3 DAYS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p MONTHS Conditions, if ony, which gave) (b) MULTIPLE MYELOMA rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CHRONIC RENAL FAILURE SECONDARY TO MULTIPLE MYELOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 4 may be retained by the hospital or ottending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Heolth prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSEO F AUTOPSY NOX YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (Ix this hospital) attended the deceased from 9/16/68 saw the deceased alive an and that in (our) opinion death accurred on the date and have and from the causes stated above (Hc(we) (did) (sixtuat) view the bady after death. 22c. DATE SIGNED 10/17/68 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22e APDRESS VAH FORT HOWARD, MARYLAND 22d. PHYSICIAN'S RODOLFO G. MIRO, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) BURTMOYAL (Specify) 10/19/68 EASTON, MARYLAND Fairview Cemetery 2Sb. REGISTRAR'S SIGNATURE HEAVER FUNERAL HOLE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Heverin VR A15 (4) 30M REV. 1148 Marilan DATE OCT 2 1 1968 EASTON MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 13965 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) Yeor ARROLL bA 0 signed by the attending physician and competely filled in by the furburial-transit permit. Then please remove carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after o 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years within 24 haurs after completely filled in by the base carban papers. Pages lost birthday) MDNTHS DAYS HDURS CAU JUNP 12 93 YRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED T NEVER MARRIED USA WIDOWED TO DIVORCED [BALTO CANANDAIGVA 10 CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY TOWSON DULANO PAILROAD BYORIR 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN /executed 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER AMBRIDGE ARMS APTS odmission) STATE 13b. COUNTY YESTER BALTO. CHARLES ST. 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be, CARROL BRICK Ames 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 220-44-9394 John G. CARROLL OXPORD, MCI. APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (y).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

After occulero BETWEEN DISET AND DEATH Arterios Llevet 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Broncho Week rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Health priar ta O FUNERAL DIRECTOR: After this certificate has been far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES | NO [21b. TIME OF INJURY 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) DR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year directar, page 3 shauld be detached f shauld be filed with the State Dept. af 1 (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 10-10 1968 to 10-12 . 19 60 , that (1) saw the deceased glive on 1960, and that in (my) (w) apinion death accurred an the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL CREMATION. 23b. DATE REMOVAL (Specify) NewCAThedRAL 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 3DM REV, 1/68 Wur. Cook- Brooks Towson, Ocharles 1968 DATOCT 15



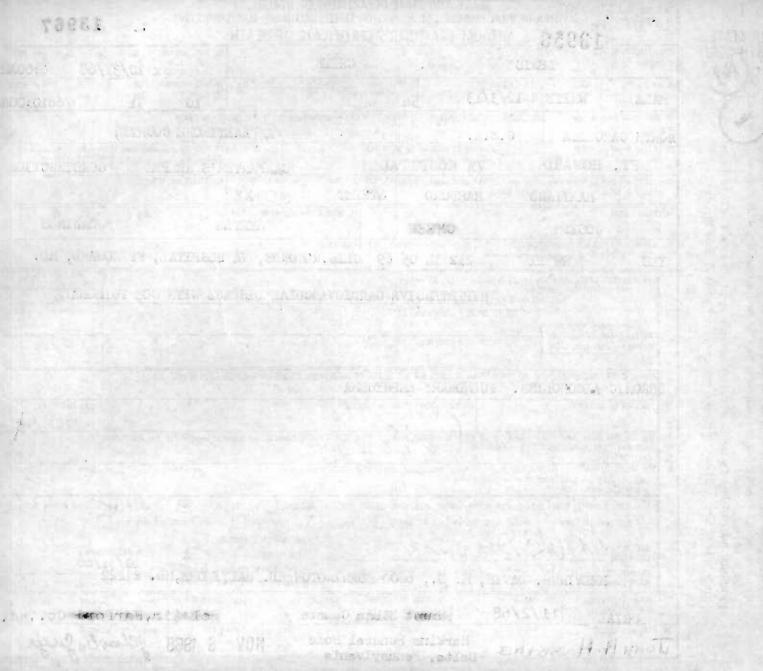
requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been

MARYLAND STATE DEPARTMENT OF HEALTH

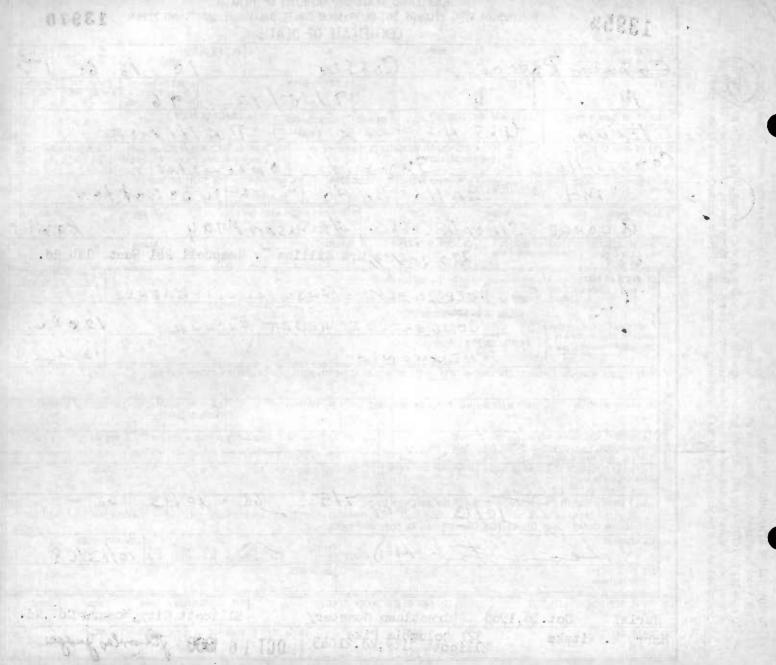
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FOR STATE	12/3/68 kk	QEA MEDIC	AL EXAMINER'S	ERTIFICATE OF DE	ATH	13967
HEALTH DERT.	1. DECEASED-NAME (Type or Print)	LEWIS	Middle J.	CHEEK	20. DATE KNOWN Mon OF ESTI- DEATH MATED 10	
y delay and 3 PM3. Pa		HITE 12/3/1	3 54 yr	S. MONTHS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD Month 31	2d. HOUR
or The second	70. BIRTHPLACE (Stote or fore country) NORTH CAROLLI			ARRIED NEVER MARRIED DOWED DIVORCED NO	9. COUNTY OF DEATH BALTIMORE COUNTY	, Mc
after death. 3. Give Pages along with for with the State eath.	10. (ITY OR TOWN OF DEATH FT - HOW	11. NA	ME OF HOSPITAL OR INSTITUTION OF HOSPITAL	ON (If not in hospital 120. U	ISUAL OCCUPATION (Kind of work dor n most of working life, even if retired ENTER'S HELPER	12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
haurs after de Item 18. Give P Office alang wi land 2 with the after death.	130. USUAL RESIDENCE (Whe odmission) STATE MAT	RYIAND 3b. COUNTY H	tion: Residence before 13c. CII ARFORD ST	Y OR TOWN 13d. INSIDE CITY REET YES 1	LIMITS? 13e. STREET AND NUMBER	
nauld be executed within 24 haurs after death ward "pending" in pencil in Item 18. Give Pag the Chief Medical Examiner's Office alang with rial-transit permit. File pages 1 and 2 with the Ston any event within 72 haurs after death.	14. FATHER'S NAME F	irst Middle EPH	CHEEK	IS. MOTHER'S MAIDEN NAME	First Middle YRTLE	JENN INGS
within 24 n pencil in Examiner's File pages 1 72 haurs	(Yes, no, or unknown)		16b. SOCIAL SECURITY NO. 212 14 05 69	17. INFORMANT CLIN . RECORDS,	VA HOSPITAL, FT	HOWARD, MD.
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	21o. EXTERNAL CAUSE W PRIMARY OR CONTR CAUSE OF DEATH 21d. INJURY OCCURRED			214 HOW JUJURY OCCURRED (Er	nter noture of injury in Port 1 or Port	2, Item 1B.)
bical Examiner: se execute the certi ctar. Page 4 shauld ned far yaur files. ECTOR: Page 3 shaul i burial, crematian,	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (A foctory, office building	t home, form, street	21f. LOCATION Street or R.F.D. No	. City or Town	County State
cal Exa execute ar. Page d far yau TOR: Pag	22a. I certify		e remains described aba	ve, held an Autopsy, Suicide, Hamicia		
direct direct birect bi	ACTUAL A	11801	AD Accident	CHIEF MEDICAL	EXAMINER	ATE SIGNED
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TO DEPU necessa the fun 5 may TO FUNE Health	230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11/2/68	23c. NAME OF CEMETER		23d. LOCATION (City or Town)	(County) (Stote)
VR A15ME (5)	24. FUNERAL DIRECTOR	NEW PROPERTY.	Harkins Fune		D BY REGISTRAR 2Sb. REGISTRA	
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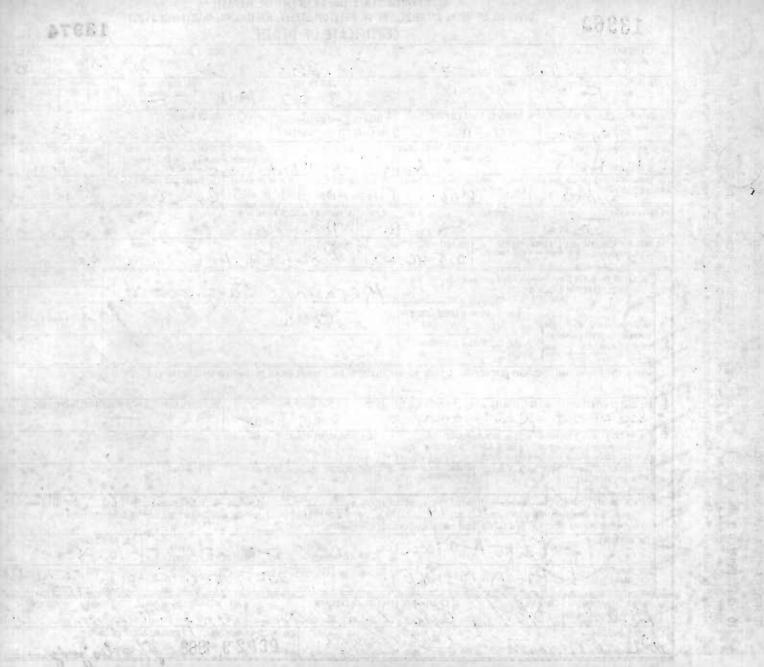
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		ECEASED-NAME First Type or print)	MES	Middle	CO	Lost NWAY		2a. DATE OF	DEATH Month	Pox	Yeo 68	2b. HOUR 6:15PM
	3. S		4. RACE	GRO GRO		DATE OF BIR			6. AGE (In years last birthday)	YRS.	INDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	70. Gy M	BIRTHPLACE (State or foreign	7b. CITIZEN OF V	•	8. MARRIED WIDOWED	DIVORC	ILD	COUNTY OF				Md.
		FORT HOWARD	11. give	NAME OF HOSPITAL OR IN e street address).	STITUTION (If nat	in haspital	12a. USUAL (occupation of working HANGE	(Kind of wark d ife, even if retir	ane 1 ed.) 1	2b. KIND OF B INDUSTRY	USINESS OR
-	13o. adm	USUAL RESIDENCE (Where decearissian) MARYLAND	sed lived, if institution 13b. COUNTY	utian: Residence before	13c. CITY OR T		HASIOE CITY LIMITS	13e. STR	W. LEX	NGT	on str	EET
	14.	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAI	DEN NAME First		Midd		LETCHE	Last R
		(MAS DECEASED EVER IN U.S. AR les no ar unknawn) (If yes give	MED FORCES? war of dates of service)	16b. SOCIAL SECURITY 217 14		ORMANT	CORDS,	VA HOS	P. FORT			
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMED	D BY: ATE CAUSE (a) B	line far (a), (b), and (c) RONCHOPNEU AS A CONSEQUENCE OF	MONIA,	UNKNOW	N ETIOL	OGY			BETWEEN ON:	ATE INTERVAL SET ANO DEATH
		Canditions, if any, which gave rise to immediote couse (o), stating the underlying couse	(b) M	ETASTASES AS A CONSEQUENCE OF	TO BRAI	N, BONI	ES			İ	JNKNOW	N
		PART 2. OTHER SIGNIFICANT CO		QUAMOUS CE					IN PART 1(a)			
	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR W	HICH OPERATION WAS PI	ERFORMED	20o. AUTOP:	SY?		YES, WERE FINDIF OF DEATH?	NGS CONSI	IDERED IN CER	TIFYING
	MEDICAL CES	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	TH HOUR A.M	. Month Doy Year	9			ature af injur	y in Part 1 or Po	rt 2, Item	18.)	
	WE	While Not while	. PLACE OF INJURY	OFFICE BUILDING, ETC.		and the same			or Town		aunty	State
		220. I certify that (I) (the saw the deceased couses stated above	nis hospital) at alive an 10/ e, (I) K(we) (did	tended the deceos 15/68) (dtdcct) view the	ed from <u> </u>	/20/00 that in (% ny eath.	, 19) (aur) opinio	, toC on death a	ccurred on th	, 19 ie dote d	, that ond hour o	(坪 (we) last and from the
		22b. SIGNATURE	. he i	Son 11	P DEGREE	11110.		CTOR	STAFF PHYS.	22c. DATE	10/16/	/68
			N NEILS				FORT H		, MARYLA			
F	IA	TREMOVAL (Specify)	DATE 1-21-60	BALTI	CEMETERY OR C				N (City or Town)	-	County)	(State)
5	24.	SUNERAL DIRECTOR	-	WISON	FUNERA	L HOME	DATE OCT	2 1 19	T IMORE,	KAR'S SIGN	es Jac	ye

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		MARYLAND STATE DEPARTMENT OF HEALTH	
	13963	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	13974
	70040	CERTIFICATE OF DEATH	10314
1.	DECEASED-NAME Firs	Middle Lost 20. DATE OF DEATH One of the second of the se	Creor 2b. HOUR
	Lott	LAFFENS	6.30 M
	SEX	4. RACE 5. DATE OF BIRTH 3. 27. 911 6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70	BIRTHPLACE (Stote or foreign puntry) Vi Rginia	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED BALTI	MORE Md.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) one Green Rd during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13		bsed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	N Rd
-	FATHER'S NAME First	Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	Lost
1	John	10 000011	LOSI
16	Yes, no, or unknown) (If yes give	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 218463476 Robert Chester Cyerens	Somens 13
	1B. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: Aletaslavic Cartinoma of	
1	153,8	DUE TO, OR AS A CONSEQUENCE OF	3 years.
	Conditions, if ony, which gove rise to immediate couse (a)		
	stoting the underlying couse		
Г	lost.) (c)	
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
TION	190. DATE OF OPERATION [19]	CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
CEDITICICATION	Sep. 29. 1967	Cartinoma YES NO P CAUSES OF DEATH?	-
		ING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, 1	tem 1B.)
MICAL	OR CONTRIBUTING CAUSE OF DI	ATH HOUR A.M. Month Doy Yeor	- PARTIE NO
BACK	21d. INJURY OCCURRED 21 While Not while of work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
		his hospital) attended the deceosed from 1962, 10 10 25, 19 alive on 1968, and that in (my) (our) opinion death occurred on the do	68 , that (1) (we) lost
1	sow the deceased	alive on 10 19 1968, and thot in (my) (our) opinion deoth occurred on the dove, (I) (wo) (did) (did nat) view the bady after death.	te ond hour ond from the
	22b. SIGNATURE	120	DATE SIGNED
		Julian Fills. — Director — Illis. — I	0.26.68
	22d. PHYSICIAN'S NAME (Type)	1714 A-MAZILEY 220. ADDRESS 2045, YORK ROAD.	TITONIUM
2:	30. BURIAL, CREMATION 236	DATE / 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Topy)	P(County) (Stote)
	MEMOWAL (Specify	0/28 66 Cherch of the Bretheren Nong Green	Kenfin Mg
4	LEUTERAL DIRECTOR	ADDRESS OF IC PC 250. RECD BY REGISTRAR 25b. REGISTRAR'S POLICE PC 29 1968 PCLICA	
1	N COTH- HIM	to Towon Tawan MA 2120 BATE CT 29 1968 Clien	MBn Ludar.

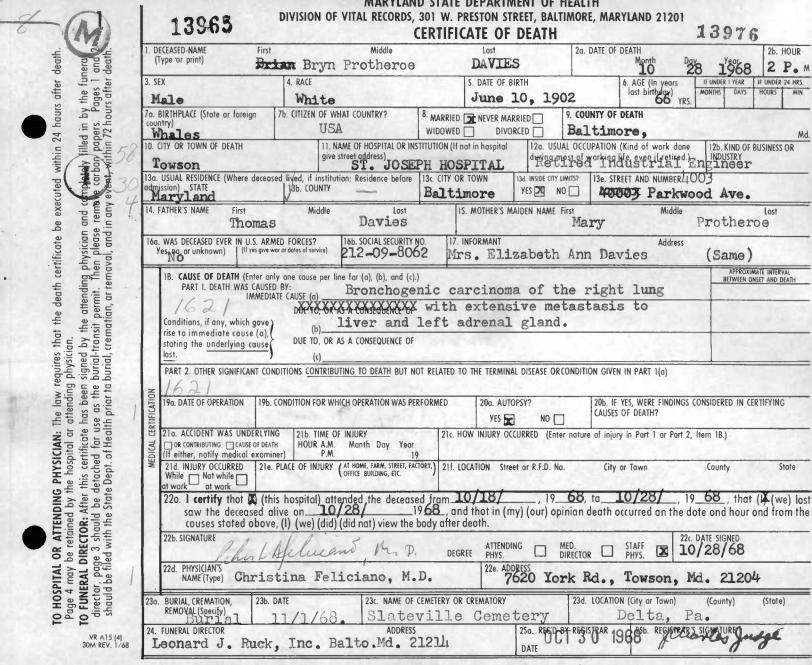


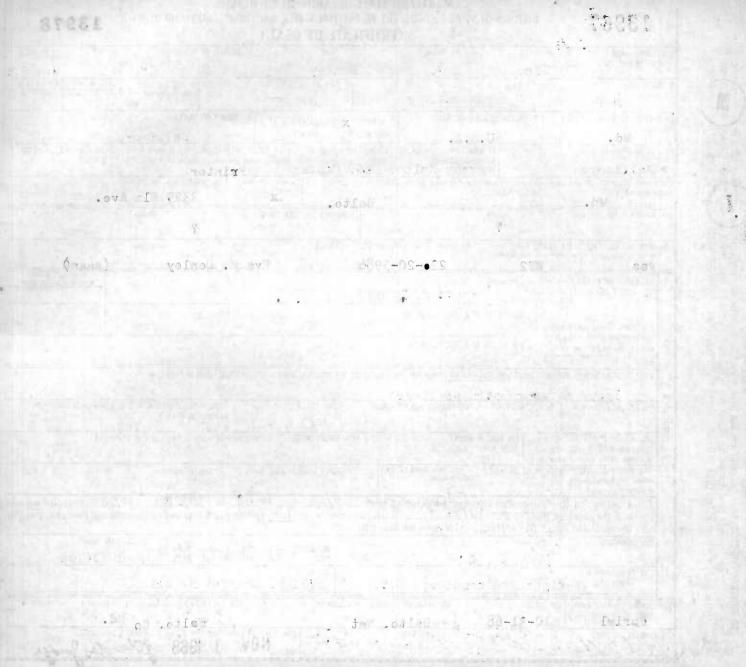
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13975 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR First Middle 24 haurs after death anera! (Type or print) Month Year AV 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS MONTHS DAYS HOURS YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE_(State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED CNIN filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address). amplete ti during making life, even if retired.) INDUSTR' and in any event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before) requires that the death certificate be executed 13b. COUNTY YES remay 14. FATHER'S, NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Last and physician 17. INEORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, nakar Jaknawn) burial-transit permit. Then pl burial, crematian, or remaval, 569 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per) BETWEEN ONSET AND DEAL PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed l PART 2. OTHER SIGNIPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CONDITION ASIVEN IN PART 1(a) priar ta has been OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 20a. AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING QS O CAUSES OF DEATH? NO 🖂 far use Health p YES 3 this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of Injury in Part 1 ar Part 2, Item 1B.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year State Dept. of If either, natify medical examiner) P.M. (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town County State While Hot while at wark TO FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased from (S, and that in my) (aur) opinian death occurred on the dote and hour and from the directar, page 3 should shauld be filed with the (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATOR ATTENDING PHYS. DIRECTOR 22e. ADDRESS PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Tawn) BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY (County) (State) 21114 05% en ne 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

MAKYLAND STATE DEPAKTMENT OF HEALTH

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1	13820	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
			CERTIFICATE OF DEATH		13832
	DECEASED-NAME First (Type ar print) Baby		Lost DANNENFELSER	2a. DATE OF DEATH 10 Doy	Year 2b. HOUR
3.	SEX .	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	Cau	10/4/68	last birthday)	MONTHS DAYS HOURS MIN.
70,	RIPTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
co	MANJORD	U.S.A.	WIDOWED DIVORCED	Baltimore	Md.
110	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	STITUTION (If not in haspital 12a. USI	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
13c	D. USUAL RESIDENCE (Where deceonission) STATE Manyland	give street oddress) Greater Balto sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY FOREST HILL YES	LIMITS? 130. STREET AND NUMBER	
-	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
9		AMES DANNENFELSE			
160	n. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	MED FORCES? wor or dates of service) 16b. SOCIAL SECURITY I	NO. 17. INFORMAN (FAME) 8:3	8-0735 Address NEWFEISET FOREST HT	m Ridge Rd. (12t.#2)
	DADT I DEATH WAS CALISE	nly one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4	IMMEDI	ATE CAUSE (0) Respirato	ory failure		
	1161	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if any, which gave rise to immediate cause (o),	(b) <u> </u>	membrane disease		
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	last. 7735	(c)			
		NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
8	Prematurity				
CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
RIF			YES NO	∠ Ye	
MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Yeor ner) P.M. 19		ter noture of injury in Port 1 or Port 2,	Item 18.)
W	21d. INJURY OCCURRED 21e While Not while at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	(TORY.) 21f. LOCATION Street or R.F.D. N	la. City or Tawn	County State
		is haspital) attended the decease	ed fram 10/4 , 19	68 ta 10/5/ , 19	68 , that (I) (we) last
	saw the deceased o	live an 10/5 1	9_68, and that in (my) (aur) a	pinian death accurred an the do	ate and haur and fram the
		e, (I) (we) (did) (did nat) view the	daay after death.	Las	DATE CIONED
	22b. SIGNATURE	1/2 15	DECDEE ATTENDING	MED. STAFF	DATE SIGNED
1	204 DHACICIANIC	Swammell	DEGREE PHYS. L	DIRECTOR PHYS.	10/5/68
	22d. PHYSICIAN'S NAME (Type)	an Danitanalian V		N Charles Ctarat	
=	Rudi	ger Breitenecker,M		N. Charles Street	
23			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
24	REMOVAL (Specify)	1100 31. Tal	VIATIUS CAH, Ch. CEN.	BY REGISTRAR 25b. REGISTRAR'S	
14	SO SEND WILL AND	ster BEI Air, maylar	d 21014 DATE OC	T 8 1968 gold	rles Judge
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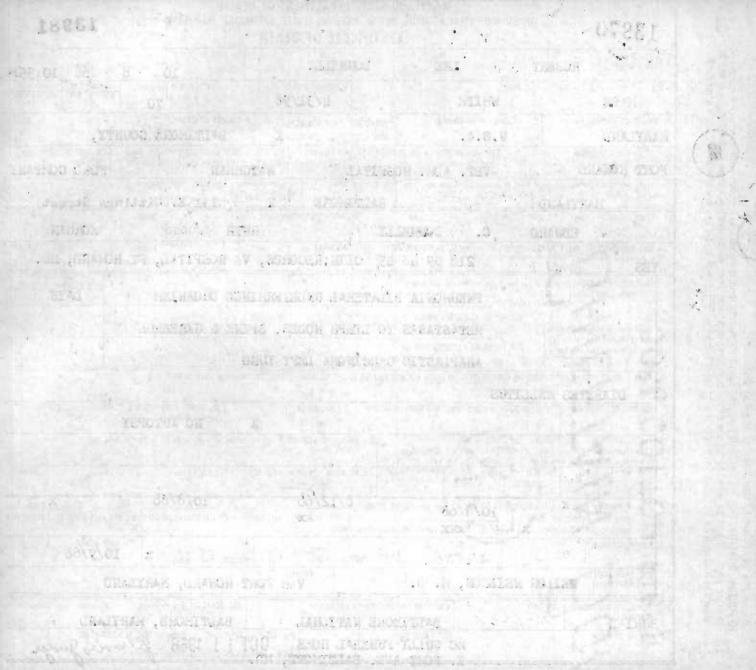
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13968 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13979 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT. 1. DECEASED-NAME 2a. DATE KNOWN X Month Day (Type or Print) CHARLES DOMONIC DISTEFANO 10-23 DEATH MATED 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 2c. DATE PRONOUNCED DEAD White July 29,1947 21 Male 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Office alang with form Maryland WIDOWED [DIVORCED | U.S.A. BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR B.B.M.C. Hospital during most of working life, even if retired.) Towson Farrier Horses 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. Baltimore Rt. 1 Box 290 Owings Mills YES NO X Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Carmella Anthony Dominic DiStefano L. Manno within 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Box 290 (Yes, no, or unknown) (If yes give war or dates of service) 213-52-6508 Anthony DiStefano Owings Mills Md should be farwarded to the Chief Medical E any event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Cerebro-cranial injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a). This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ... PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21a. EXTERNAL CAUSE WAS 3 should PRIMARY OR CONTRIBUTING burial, crematian, 10-23 10 68 Drag racing - fell out of auto CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK Tufton Ave. & Falls Rd. Md. Baltimore 22a. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection [7], Inquiry , and in my apinian Natural causes Accident X Suicide . Hamicide Undetermined manner death resulted from: 5 may be retained
TO FUNERAL DIREC
Health prior to b CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER October 24, 1968 **EXAMINER'S** Charles S. Springate, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) Burial (Specify) Oct.26,1968 Evergreen Mem. Gardens Finksburg Carroll Md. 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR. ADDRESS 25b. REGISTRAR'S SIGNATURE Owings Mills, Md VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 13973 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13984 Last 2n. DATE OF DEATH DECEASED-NAME First Middle 2b. HOUR 24 hours after deoth (Type or print) Month Yeor 35 6 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS 3. SEX 6. AGE (In years hours after last birthdoy) DAYS HOURS 3-13-7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) DIVORCED [JA/TIMBRE 11.5.19 WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR within give street oddress? NETAVEND MANN rouging most of working life, even if retired. USG. Home SOFE TWORKS. C. ex. Services Bolto C. INDUSTRY 1000552 burial, crematian, or removal, and in any event, 13c. CITY OR TOWN 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3d. INSIDE CITY LIMITS? requires that the death certificate be executed comp 13b. COUNTY 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle First Lost ond CINKNOWN LNKNOUSA physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16b. SOCIAL SECURITY NO. Jame Yes, no, ar unknown) (If yes give war or dates of service) WIFE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A GONSEQUENCE OF Canditions, if any, which gave ! signed by the burial-tronsit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospital or attending director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES T OR ATTENDING PHYSICIAN: 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Doy Year P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a. I certify that (1) this haspital) attended the deceased from sow the deceased alive on couses stated above 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, 23b. DATE (County) St. Joseph's Cemetery Texas, Balto.Co., Md. BENOVAL (Specify) Oct. 21.1968 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 John Burns' Sons, Towson, Maryland DATE

6 4 10 . . . 13984 Actendade hout discours Combry May 2 Date and May 19 19 19 GURREY 3 WUNDERSTY KNY "DISTE bursal you. 21,1960 St. Joseph's Jemistery Texas, Miro.to., an. The same and the country courses the country courses the country and

JOHNSON J

1.	DECEASED-NAME	First		Middle		Last		2a. DATE O			₽b. HOUR
	(Type or print)	RAYM	OND	R.	DOWE	LL			10 :	Li 68°	11:30
3.	SEX	L'abus	4. RACE			S. DATE OF E			6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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70	. BIRTHPLACE (Stot	or foreign	7b. CITIZEN OF W	VHAT COUNTRY?		NEVER MA	KKIEU	9. COUNTY O	F DEATH		
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3	FORT HO	TARD	Jaive VE		PITAL		during mo	st of working	N (Kind af wark de g life, even if retire	ed.) 12b. KIND 0	YARD
13 ad	missian) CTATE	E (Where decease	d lived, if institu 3b. COUNTY	ution: Residence befare	13c. CITY O	TOWN	YES NO		TREET AND NUMBER	iver Stre	et
14	I. FATHER'S NAME	First BENJAM	Middle	DOWELL Last	1	S. MOTHER'S N	MAIDEN NAME FI	rst	Middl	le	last TRONG
10	a. WAS DECEASED	EVER IN U.S. ARM	D FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT			Addre	SS	
	Yes, persunknav	(III yes own w	r or dates of service)	213 07 09	28	CLIN RI	ECORDS,	VA HO	SPITAL, 1	FT HOWARD	, MD.
	18. CAUSE OF	DEATH (Enter onl	ane cause per	line far (a), (b), and (c))						ONSET AND DEATH
	PART I. DE	ATH WAS CAUSED IMMEDIA	BY: 'E CAUSE (a)	ULMONARY C	ongest	ION AND	EDEMA				
	157	9	DUE TO, OR	AS A CONSEQUENCE OF	OMA DA	MADDIA	TITMET 34	777 A C/77 A	0T0 00 T		
		ny, which gove) ate cause (a),	(b)	DENOCARC IN			D PERIT		SIS TO L	TAEK'	
	stating the un	derlying cause	DUE TO, OR	AS A CONSEQUENCE OF	CATEN	TUPI AN	D FERTI	ONEUM		the last	
1	DART 2 OTHER	SICNIEICANT CON	(c)	UTING TO DEATH BUT N	OT DELATED T	O THE TERMIN	AL DISEASE OP (ONDITION GIV	EN IN PART 1(a)		
	1100	X SIGNIFICANT CON	OTTOMS CONTRIB	OTHE TO DEATH BUT IN	OI KELAILD I	O ISIL TERMIN	AL DISLASE ON C	ONDITION OIV	LIVIN TAKT I(U)		
NO.	190. DATE OF OP	ERATION 19b. (ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUT	OPSY?			NGS CONSIDERED IN	CERTIFYING
						YES [NO 🗌	CAUSE	S OF DEATH?		
	OR CONTRIBUTION	WAS UNDERLYING G CAUSE OF DEATH Medicol exomin	HOUR A.M.	. Month Doy Yeor	5.0	OW INJURY O	CCURRED (Enter	noture of inj	ury in Part 1 ar Pa	rt 2, Item 18.)	10.14
ME	While Not	CURRED 21e.	PLACE OF INJURY	OFFICE BUILDING, ETC.					y or Town	County	State
	snw m	a necensen ni	Ve on	tended the deceas 10/11/68) (did not) view the	7 UI	u mun mitt	x y) (aur) apir		accurred on the	, 19, the le date and have	it (T) (we) la: r and fram th
	22b. SIGNATURE		2, 3/L	To M	DEG DEG	ATTEND	ING M	ED.	STAFF PHYS.	22c. DATE SIGNED 10/15/68	3
	22d. PHYSICIAN NAME (T)	GEORGE	C. MC	ELFATRICK,	M. D.	22e. AD	H FORT	HOWARD	, MARYLA	ND	
23	BURTAL CREMATE		ATE 18-68	23c. NAME OF BALT IM					MORE, MA		(Stote)

FUNERAL HOME

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REGISTRAR'S SIG

1968

250. REC'D RY REGISTRAR

VR A15 (4) 30M REV. 1/8

24. FUNERAL DIRECTOR

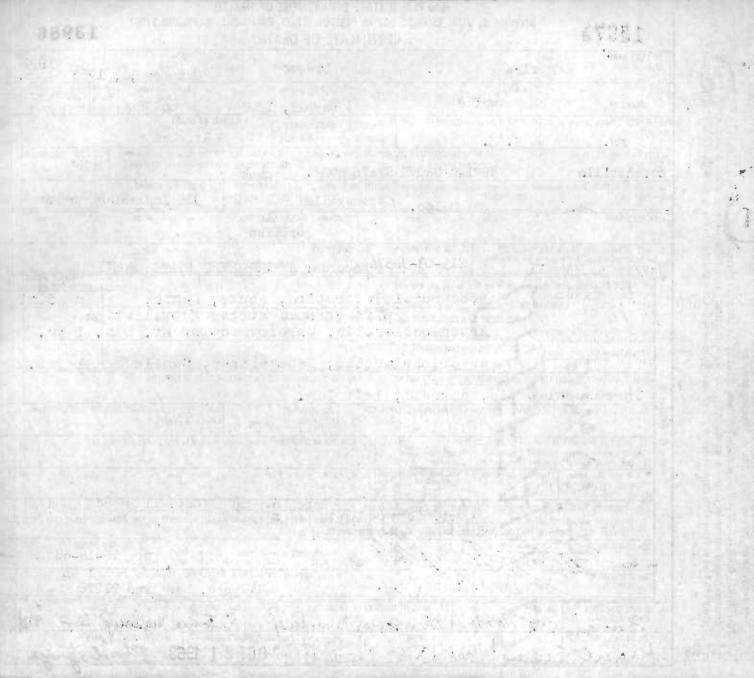
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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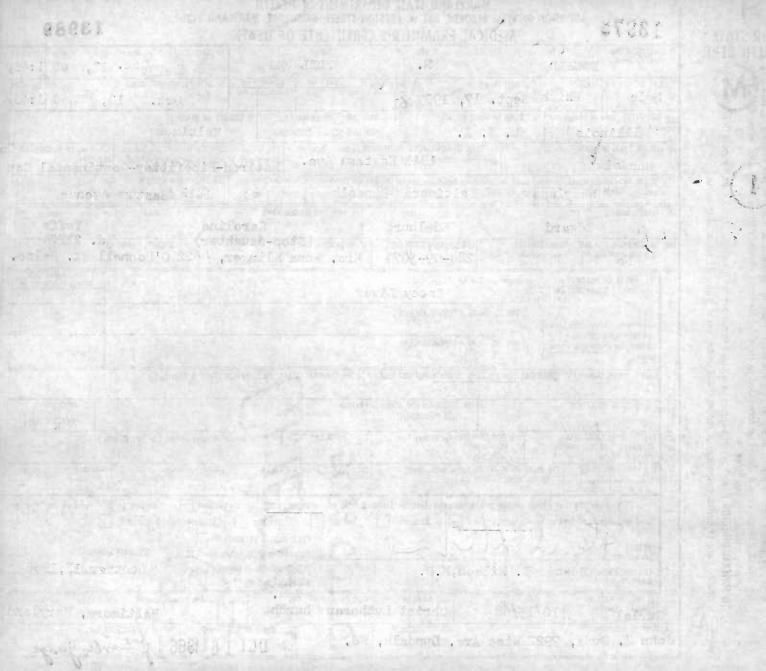
requires that the death certificate



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. /	10/21/68	kk	CERTIFI	CATE OF DEATH		13988
and 2 death.	1. DECEASED-NAME	First Benjamin A	Middle Earnshaw	Last	2a. DATE OF DEATH October 14	2b. HOUR 1:10
メ	3. SEX M	4. RACE		S. DATE OF BIRTH July 1, 19	6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	7o. BIRTHPLACE (Stote or f				COUNTY OF DEATH	21133
_ = = ~	Washington 10. CITY OR TOWN OF DEA	n. DC USA	OF HOSPITAL OR INSTITUTION (I	DIVORCED BE	OCCUPATION (Kind of work done	dallstown Md. M
within 24 hours pletely filled in by a carbon papers. Pa ent, within 72 hours	Randallsto	own Md. Balt	imore Co. Gen.	Hospt. during mos	t of working life, even if retired.)	INDUSTRY
implet we car event,	13a. USUAL RESIDENCE (Windowssion) STATE Md	lere deceased lived, if institution:	Residence before 13c. CITY 0	R TOWN 13d, INSIDE CITY LIMIT YES X NO [13e. STREET AND NUMBER 30 Millstone	Rd. Hearnwood
B B B C		irst Middle FANCIS EA	RNSHAW	S. MOTHER'S MAIDEN NAME Firs		Lost
ificate ysician pleas al, and	160. WAS DECEASED EVER Yes, no, or unknown)			INFORMANT s. Patricia E	Address 30 Mil	lstone Rd.
PHYSICIAN: The law requires that the death certificate be exe haspital ar attending physician. his certificate has been signed by the attending physician and stacked far use as the burial-transit permit. Then please rem	18. CAUSE OF DEAT	(Enter only ane cause per line for	or (a), (b), and (c).)	/	Hearnwo	BETWEEN ONSET AND DEATH
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requires that the physician. signed by the burial-transit publicial, crematic	Conditions, if ony, w rise to immediate c stating the underlyi	ause (a), (b)	CONSEQUENCE OF	HAIRCO	FORENCES -	Indef.
equires th physician signed by burial-tral burial, cre	last.	(c)	TO DEATH DUT NOT DELATED 1	O THE TERMINAL DISTASE OR CO	NDITION CIVEN IN DADT 1/-1	
w req ling pl sen si the bu r tabu	4901					
V: The law re or attending inte has been or use as the salth prior tab	190. DATE OF OPERATION AND ACCIDENT WAS	ON 19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO.	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ICIAN: The pital ar afficiate ha defor use afficially for use afficially is	21a. ACCIDENT WAS	CAUSE OF DEATH HOUR A.M. N	URY 21c. H lanth Day Year	IOW INJURY OCCURRED (Enter r	noture of injury in Part 1 or Part 2	, Item 18.)
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	21d. INJURY OCCURR While Not while at wark ot wark	FD 21e PLACE OF INITIRY (AT	HOME, FARM, STREET, FACTORY.) 21f. L ICE BUILDING, ETC.	OCATION Street ar R.F.D. No.	City ar Town	County State
NDING ed by th After ti Id be de le State	22a. I certify the	(I) (this haspital) attend	ed the deceased fram	nd that in (my) (our) apin	5, ta /0/14, 19 ian death accurred an the d	that (I) (we) la
ATTEN etained CTOR: should the the	causes state	ed abay (1) (we) (did) (die	nat) view the bady after	death.	220	. DATE SIGNED
may be retained RAL DIRECTOR: A page 3 should be filed with the	22d. PHYSICIAN'S	YSL	Can Moto	REE PHYS. MEI	O. STAFF PHYS.	10/14/68.
SPITA 4 may NERAL lar, pc	NAME (Type)	Morton J. Ell		8629 Liber	ty Road, Randal	lstown, Md.
TO HOSPI Page 4 m TO FUNER director, shauld b	230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE OCT, 16,69	23c. NAME OF CEMETERY OF LAKEVIEW		23d. LOCATION (City or Tawn) LIBERTY RD.	(Caunty) (Stote) BALTO, Co. M.
VR ATO (A)	24. FUNERAL DIRECTOR		ADDRESS	2So. REC'D BY		
30M REV. (1/68)	Loring Byen	rs 8728 Liberty	Rd. Randalls	own Ma DATE OCT	1 6 1968 2004	orlan Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13989 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1 DECEASED-NAME Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) **EDELBURG** ESTI-**EDWARD** R. Oct. 12, 68 1:45p 2 DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR and HOURS White Oct. Day 12. Ma le Sept. 17, 190 Year 1068 1:45P 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Illinois U. S. A. Baltimore WIDOWED IX DIVORCED [Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR CO give street oddres\$1813 East Ave. during most of working life even if retired | INDUSTRY Retired-Piperitter-Continental Dunda 1k Give ofter 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. (OUNTY Baltimore 1813 Frastern Avenue Dundalk 00 YES NO IX land 2 24 haurs Item, after 14. FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle farwarded to the Chief Medical Examiner's Offi Lost Caroline Teffs Edelburg Edward .⊆ hours pages 17. INFORMANT (Step-daughter) Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil ADDRESS (Yes, no, or unknown) Mrs. Anna Klinger. 4622 O'Donnell St. Balto. (If yes give war or dates of service) 284-09-5074 File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY pending Fatty Liver IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). any This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 20 remaval used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES 🔀 NO T pe shauld be 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL crematian, CAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK please execute burial, 22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀 Inspection Inquiry and in my apinian director. death resulted fram: Natural, capses Accident Suicide Undetermined manner Homicide prior ta CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funeral DEPUTY MEDICAL EXAMINER Ocotber 13, 1968 Edward F. Wilson, M.D. 5 may TO FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23b. DATE 10/15/68 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Christ Lutheran Church Baltimore, Maryland 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John J. Duda. 7922 Wise Ave. Bundalk. Md. VR A15ME 1968 Ochanles 10M REV.



	头1	10	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
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	er death		1	1. PLACE DF DEATH a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence I a. STATE Maryland b. COUNTY Balti	
	the same	Pages hours aft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Timonium	nearest town)
	-	ZZ h			IS RESIDENCE ON A FARM?
2					ES NO X
	ited within	carbon ant, wit	3	3. NAME DF DECEASED Last 4. DATE Month Day DF DEATH October 20.1	Year
	-	ve cart event,	5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. ACF (IN WARS HE HINDER 1 YEAR)	
1	executed		M	7. MONITED MEVER MANNIED 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Hours Min.
	e ex		10	10a. USUAL OCCUPATION (Give kind of workdone) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN O	F WHAT
	cate be	please r	5	DUVERIISOR SHIPPING - RE/ B.& D. Mig.Co. Maryland USA	
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	certificate	T E	-	William H. Eger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	ath	n, or remov	C	Yes, no, or unknown) (If yes give war or dates of service) Yes WW II Family records	
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	law requires that tattending physician,	ial-tr		4109 OUE TO OT	
	requires ding phy	bur		Conditions, If any, which gave rise to Immediate (b) Conferrits of errors	
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	ig PHYS by the l	director, page 3 should be detached for use as the burial-trans, should be filed with the State Dept, of Health prior to burial, crem	MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work	(State)
	Nois A	he S		21. I certify that (I) (this hospital) attended the deceased from 11/16 to (C). 20, 1968, tha	it (I) (we) last
	ATTENDING retained by	sho th t		saw the deceased alive on 1900, and that death occurred at 30 M, from the causes and on the date	
	OR /	* 30 ×		ATTENDING MED. STAFF 16/2	2/68
	TAL may	e fill		22c. PHYSICIAN'S / 22d., ADORESS	1/11
	Page 4 may	id b		NAME (Type) KRURENCE C. TOST 6805 York Rd Ballinbur	mg
	Pag Pag	dire	23	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, town or county)	(State)
		06) -	Burial Oct.23,1968 Jessops Cemetery Cockeysville Mary 24. FUNERAL DIRECTOR ADDRESS 1258. REGISTRAR'S SIGNAL land -	
	VR AL			John Burns' Sons, Towson, Maryland OATE OCT 24 1968 Acharles	Judge.
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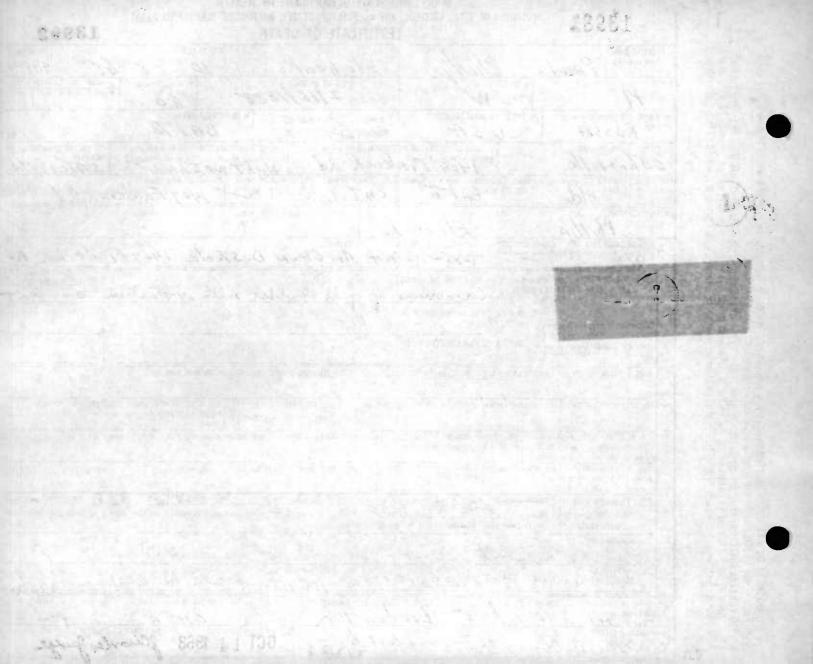
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ath.	and 2 death.	1.	DECEASED-NAME First (Type or print)	Middle	Lost	2a. DA	TE OF DEATH Month Dov	Year	2b. HOURa	
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rtificat	attending physician vermit. Then please on, or removol, ond		a. WAS DECEASED EVER IN U.S. ARM Yes, na, or unknown) (If yes give wi	or or dates of service)		Ekin,	Same as # 13			
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SICI,	ed f	100	(If either, natify medical examin	ner) P.M. 19						
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be Page 4 may be retained by the hospital or attending physician.	S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and templetely filled in b director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the Stote Dept. af Heolth prior to burial, cremotion, or removol, ond in ony event, within 72 ho		While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.			City or Town	County	Stote	
pi A	Affer be o Stote		220. I certify that (I) (thi	s hospital) ottended the deceose	d from Aug. 30	(our) opinion do	Oct 8 , 19	68, that	(I) (we) lost	
TEN	buld the		couses stoted obove	ive on Oct 8 14 (I) (we) (did) (did not) view the b	oody ofter deoth.	(our) opinion dec	on occorred on the do	ie ond noor o	nd from the	
AT	with with		22b. SIGNATURE	101	ATTENDING	MED.	22c. [DATE SIGNED		
be be	ge ge		Cha	des C. / Slow, MID.	DEGREE PHYS.	DIRECTOR	PHYS.	10/8/68	}	
TAI	RAI po	11	22d. PHYSICIAN'S NAME (Type) Charl	les C. Brown, M.D.	22e. ADDRES		more Medical	Center		
0SP e 4	TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	25	o. BURIAL, CREMATION, 23b. I		EMETERY OR CREMATORY		CATION (City or Town)	(County)	(State)	
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			. FUNERAL DIRECTOR	ADDRESS	25	a. REC'D BY REGISTR	AR 2Sb. REGISTRAR'S	SIGNATURE		
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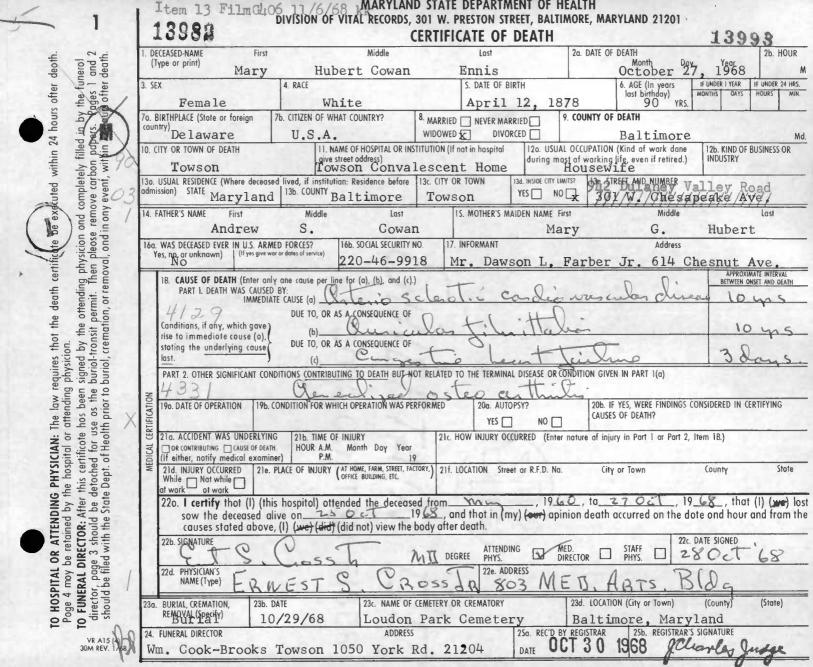
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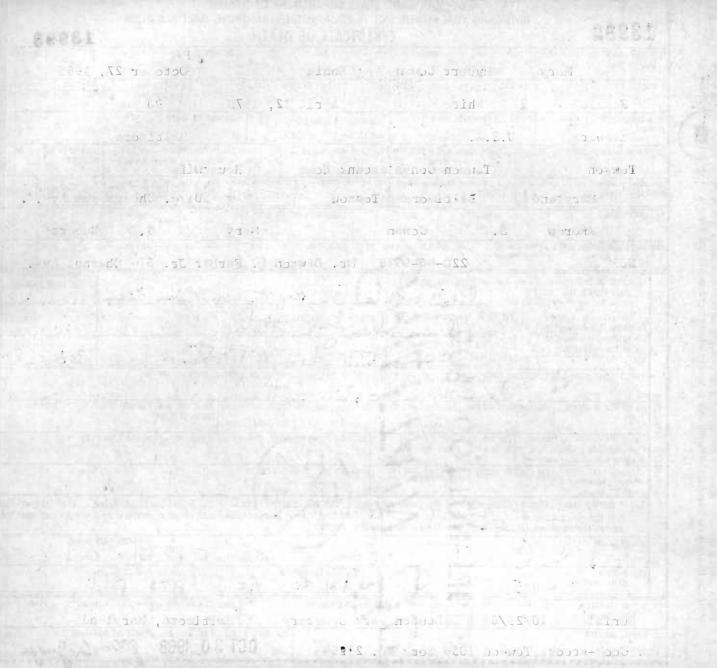
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13981 13992 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2o. DATE OF OEATH 2b. HOUR ician and completely filled in by the funeral lease tentave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death. (Type or print) C Doy 4.45 PM ofter 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) MONTHS DAYS HOURS 80 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY YES [NOT Rederic 14. FATHER'S NAME Middle Middle First, Lost 1S. MOTHER'S MAIDEN NAME First pe cheN requires that the death certificate 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give war or dates of service) Yes, no opunknown) Mrs GleNN D. STeele 1409 Freder ar removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta land. be retained by the haspital ar attending 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? -20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while ot work 10 (Oct. 220. I certify that (I) (this haspital) oftended the deceased from-_19 68, and that in (my) (oor) apinian death occurred an the date and haur and from the saw the deceased alive an. causes stated above. (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS PHYS. Page 4 may PHYSICIAN'S 22e. AODRESS 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 30M REV.

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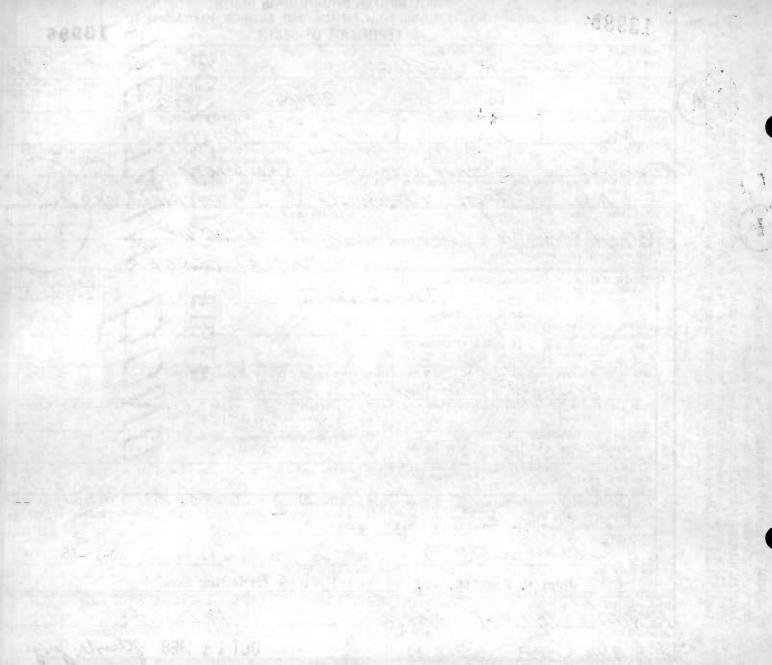






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		9. COUNTY OF DEATH		Md.
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eased lived if institution. Residence before	3c. CITY OR TOWN 13d. INSIDE C	TY LIMITS? 13e. STREET AND	NUMBER	
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in A. Nesbitt, Jr.	DEGREE PHYS. 22e. ADDRESS	MED. STAFF PHYS.	22c. DATE SIGNED 10-16-68	(Stote)
in A. Nesbitt, Jr.	DEGREE PHYS. 22e. ADDRESS 1009 F METERY OR CREMATORY	MED. DIRECTOR D STAFF PHYS. Prederick Road 23d LOCATION (City of BALTB	22c. DATE SIGNED 10-16-68	
THE NOTE IN COLUMN	DIVISION OF VITAL RECORDS, 3 CI ITST Middle 4. RACE 7b. CITIZEN OF WHAT COUNTRY? III. NAME OF HOSPITAL OR INSTIT give street oddress) William County Middle Lost Middle Middle Lost Middle Lost Middle Lost Middle Lost Middle Lost Middle Lost Middle	The citizen of what country? A RACE To. CITIZEN OF WHAT COUNTRY? To. CITIZEN OF WHAT COUNTRY? To. COUNTY To.	The citizen of What country? A. RACE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Continued C



13988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13997 Middle Last DECEASED-NAME First 2a. DATE OF DEATH (Type or print) **JOHN** October Manth 18 Day Yeon 968 E. EWING 3 SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years **LE UNGER 1 YEAR** buriol, cremation, or removol, and in any event, within 72 hours after last birthday) DAYS HOURS Male White Sept. 17. 1915 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TX NEVER MARRIED Maryland offending physicion and compared in popers. U.S.A. Baltimore WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 6746 requires that the death certificate be executed withi during most of warking life, even if retired.) Welding rods Dundalk Woodley Road 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATEMaryland 13b. COUNTYBaltimore Dundalk NO TX 6746 Woodley Road 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Lost Middle Ewing James Dorothy Ohler 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 212-18-3073 Mrs. Vera Ewing, 6746 Woodley Road APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (0)) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. okona IMMEDIATE CAUSE (a) signed by the buriol-tronsit p Conditions, if ony, which gave) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been d far use as the of Heolth prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day (If either, natify medical examiner) be detached 21d. INJURY OCCURRED (AT HOME, EARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town County State While Not while 22a. I certify that (I) (this haspite) attended the deceased from 1968, and that in (my) (our) opinion death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death **ATTENDING** STAFF PHYS. PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) M.B. Davis, M.D. 6800 Mornington Road. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) BIREMOVAH (Specify) Oct. 21, 1968 Woodlawn Cemetery Woodlawn, Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ULTrichFuneral Home Dundalk, ADDRESS Md. DATE OCT 25 30M REV 1968 Milanes

MAKYLAND STATE DEPARTMENT OF HEALTH

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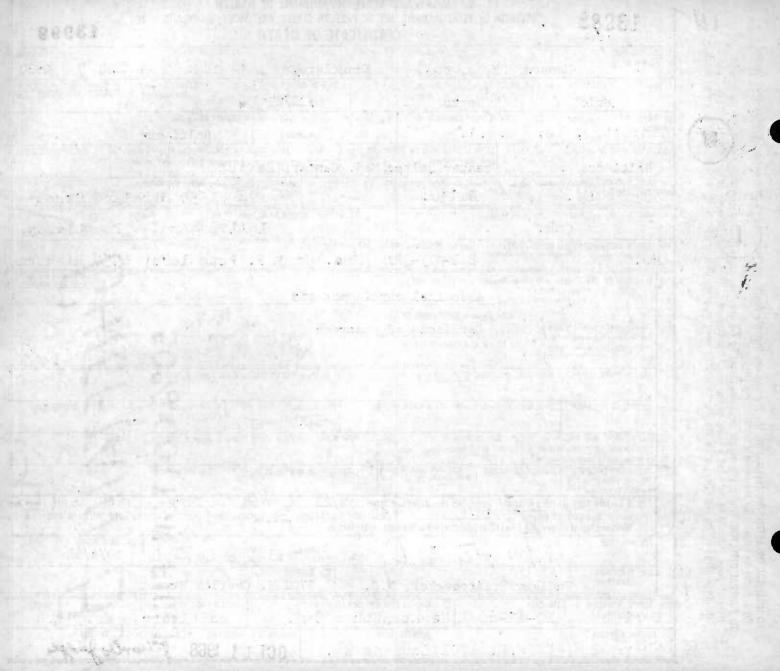
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13998 DECEASED-NAME First Middle last 20 DATE OF DEATH I and 2 death. death. (Type or print) October 1968° Fairchild AnnaE 6. AGE (In years 3 SFX 4. RACE S. DATE OF BIRTH IF UNCER 1 YEAR IE LINDER 24 HRS within 24 haurs after last birthday) HOURS female white July 27, 1877 97 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TINNEVER MARRIED country) completely filled in ve carban papers event, within 72 h Missouri U. S. Baltimore WIDOWED [7] DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af working life, even if retired.) INDUSTRY Terriove carban Catonsville GROVE STATE HOSP. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER executed admission) STATE 1/13b. COUNTY Oxen Hi 5119 Dumpries St. Geo. signed by the attending physicials and co burial-transit permit. Then please remo burial, crematian, ar removal, and in any 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost UNKNOWIN Thomas Harrison Elijah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT requires that the death certificate 212-56-2381, Yes, no, or unknown) Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Myocardial BETWEEN ONSET AND DEATH Myocardial Infarction, acute, death hours. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Ht. Dis. 10 yrs. Conditions, if any, which gave) rise ta immediate cause (a), Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran shauld be filed with the State Dept. af Health priar ta burial, crei DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse (Areteriosclerosis, Generalized, Senile 10 yrs. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO IZ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while 22a. I certify that (1) (this haspital) attended the deceased from Dec. 20 , 19.67 , ta OCC. I saw the deceased alive an OCC. I am and that in (my) (occ) apinion death accurred to , and that in (my) (or) apinian death accurred on the date and have and from the causes stated above, (I) (we) (did) (did NOC) view the body after death. 22b. SIGNATURE 22c. DATE STGNED ATTENDING -DEGREE 22e. ADDRESS SPRING GROVE PHYSICIAN'S 22d. Young, M.D. NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE (County) 230. BURIAL CREMATION. REMOVAL (Specify) Munor 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 4 1968 DANCT

MARYLAND STATE DEPARTMENT OF HEALTH

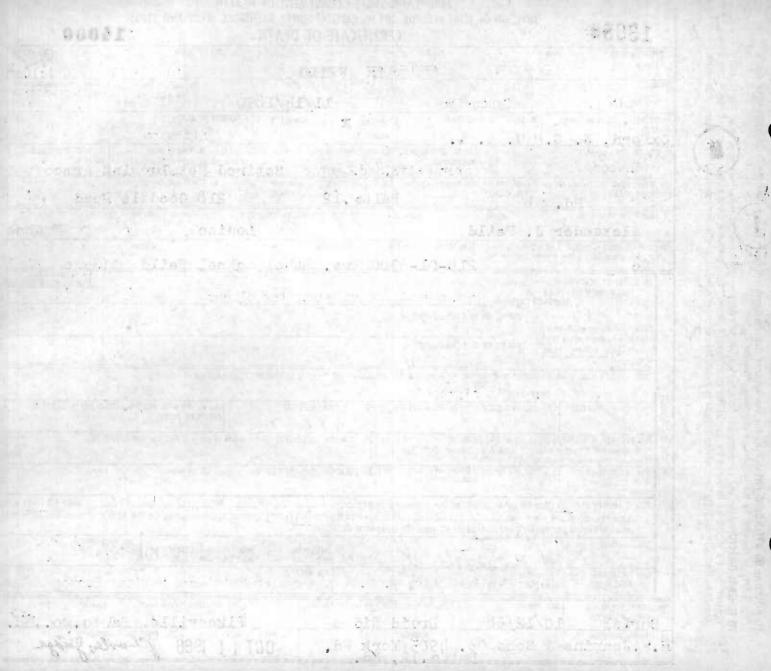
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MAKTLAND STATE DEPARTMENT OF HEALTH



1 1	13985 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14000	
1.5	DECEASED. NAME First Middle lost 20 DATE OF DEATH	2b. HOUR
fours after death.	(Type or print) ALEXANDER LITTLEJOHN FEILD Month Doy Year 10 10 1968	:10ad
fter	S. Date of Birth	UNDER 24 HRS.
	Male Caucasian 11/14/1890 77" yrs.	JOKS MIN
100	o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	Oxford. N. C. U. S. A. WIDOWED DIVORCED Baltimore	Md.
1	D. CITY OR TOWN OF DEATH TOWSON TOWS TOWSON TOWSON TOWS TOWS TOWS TOWS TOWS TOWS TOWS TOWS	INESS OR
6	30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
30	dmission) STATE Md. 136. COUNTY — Balto 12 YES NO 218 Goodale Road	
4		Lost
		ughes
	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) (If yes give wer or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	No P18-01-6300 Mrs. Ethel McKeel Feild (Same	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) APPROXIMATE BETWEEN ONSET	AND DEATH
f	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hypertensive cardiovascular disease	
	4120 DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gave)	
	rise to immediate couse (o). Stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	1443 V Language alimbagia	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTI	FYING
1	YES NO CAUSES OF DEATH? YES	
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor [1] Feither, notify medical examiner] P.M. 19	
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 19 19 19 19 19 19 1	Stote
ĺ	While Not while at work at work	2.010
	22a. I certify that (I) (this hospital) attended the deceased from 10/3, 19.68, ta 10/10, 19.68, that (I)	(wa) last
	sow the deceased alive on 10/10 1968, and that in (my) (our) opinion death occurred on the date and hour one	d from the
	causes stated above, (I) (we) (did) (did not) view the body after death.	- 110,111110
	22b. SIGNATURE / / / 22c. DATE SIGNED	
	DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 10/10/68	
	22d PHYSICIAN'S 22e ADDRESS	
/	NAME(Type) Rudiger Breitenecker, M. D. Greater Baltimore Medical Center	
	agreed to the state of the stat	(Stote)
1	Burial 10/12/68 Druid Ridge Pikesville Bal to Co.	Md.
)	4. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd. Balto 12 Md. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE OCT 11 1968 Contact Superior Street Stre	R.
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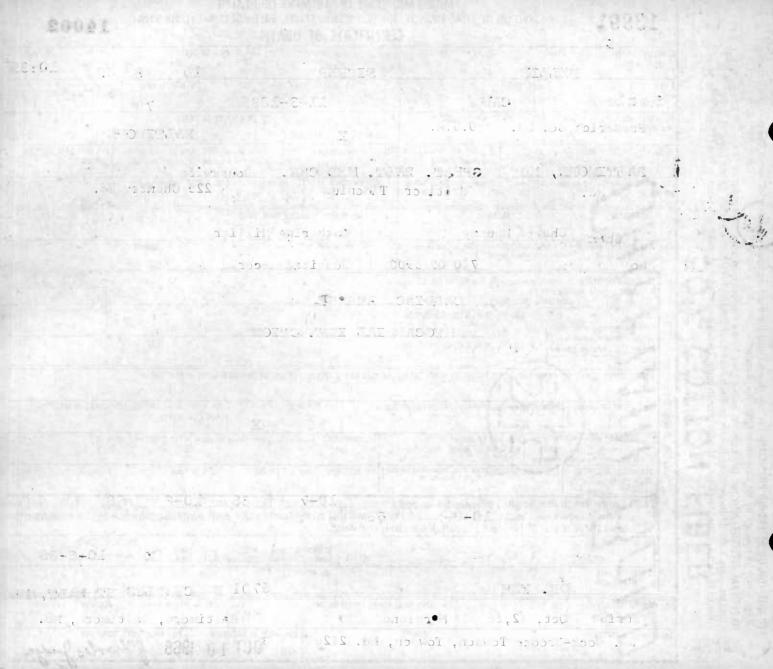
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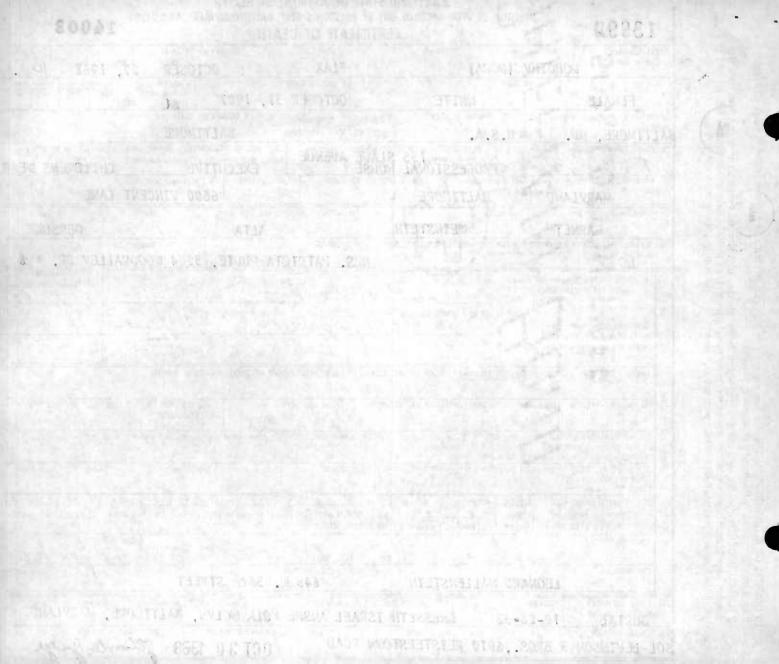
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		13330 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	14001
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and 2			1968
	3. S	female white Oct. 14, 1876 Ost MONTH	IDER I YEAR IF UNDER 24 HRS HS DAYS HOURS MIN
2	7o.	BIRTHPLACE (Stote or foreign U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWEY DIVORCED Baltimore	٨
Within 00		Woodlawn give-steep god windson Mill Rd. during those of working life, even if retired.) IN	b. KIND OF BUSINESS OR IDUSTRY
event,	13o. adm	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before missian) Makyland 13b. Bull timore Woodlawn 13d. NSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. STREET AND NUMBER 15505 Windson M.	ill Rd.
l, and in any		FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Babetta	Ullrich
val, an	160	(MAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dates of service) None 16b. SOCIAL SECURITY NO. None 17. INFORMANT None 17. INFORMANT None Address Fredia H. Fischer, 5505Wind	dsor Mill
remova		18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
0 0	Н	IMMEDIATE CAUSE (o) COT GILLTY COCTUST TOTAL	1 hour
burial, cremotion,	н	Conditions, if ony, which gave (b) Arteriosclerotic cardiovascular disease	15 years
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-	10	last. (c)	
7		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERATION CAUSES OF DEATH?	ERED IN CERTIFYING
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	MEDICAL C		18.)
	MED	P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, While Not while of work while of work with the property of work of the property of th	unty Stote
		220 Legitive that (1) this bosolitally attended the decessed from 1900 to October 1908	, that (1) (we) (1)
		saw the deceased alive an August 30, 1968, and that in (my) (our) opinian death accurred an the dote ar causes stated above, (I) (we) (did) (did) view the body ofter death.	nd hour and from t
		22b SIGNATURE 22c DATE S	
		DEGREE PHYS. LES DIRECTOR PHYS. L. 10/4,	/68
1	1	22d. PHYSICIAN'S M.T. Traband, Jr. M.D. 22e ADDRESS 1811 N.Rolling Rd. Balt. Md. 2	21207
0)	230	STREET, ST. 1	ounty) (State)
R	24.	REMOVAL (Specify) Oct. 5, 1968 Loudon Park Specify ADDRESS Specify Baltimone 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAR'S SIGNA	ATURE Med.
68	18	John T. Stansbury, Sr. 6411 Windson Mill Rd Dat OCT 7 1968 yourse	Inder



MARYLAND STATE DEPARTMENT OF HEALTH



6.1		13999	DIVISION OF	VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMOR		14003	3
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death.		CEASED-NAME First ype or print)		Middle	Last	20.	DATE OF DEATH	Day Year	2b. HOUR
r deat uneral 1 and er deat		VUKUT	HY (DORA)		FLAX		OCTOBER 2	7, 1968	10 A.M
after he fur ges 1 after	3. SE		4. RACE	to the first matter	S. DATE OF BIR		6. AGE (In years last birthday)	MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN
rs of the second	_	FEMALE		WHITE	OCTOBE		60 Y	RS.	
है विश्व	coun	itry)	7b. CITIZEN OF WH		8. MARRIED NEVER MARE	KIEU	INTY OF DEATH		
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completely ave carbar y event, will		USUAL RESIDENCE (Where deceose ssign) STATE	d lived, if instituti	an: Residence before	13c. CITY OR TOWN	YES NO	13e. STREET AND NUMBER	TIME	
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physician on please laval, and i	Y	es, no, ar unknown) (If yes give wo	or dates of service)	TOB. SOCIAL SECOKITI I	MRS. PATR	TOTA DIENT			2 # 40
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attending permit. The	13	 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED 	y ane cause per lin BY:	e for (a), (b), and (c),	1	1 60:0	0. 1.	BETWEEN O	NSET ANO DEATH
attendi permit.		300 V IMMEDIA	TE CAUSE (a)	- Marie	neular of	1 Duce	carry .		in
t the at		Canditions, if any, which gave	DUE TO, OR A	S A CONSEQUENCE OF	2011 att	& Wea	u West	are 4	1 yelles
y th misign		rise to immediate couse (a),	(b)	S A CONSEQUENCE OF	1 di		1 10-1	/ /	1
ATENDING PHYSICIAN: The law requires that the death certificate be exectained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician dead as should be detached for use as the burial-transit permit. Then please remainth the State Dept. af Health prior ta burial, crematian, or remaval, and in any with the State Dept.		stating the underlying cause last.	(c)	S A CONSEQUENCE OF	+ aurice	clar J	willsen	27	
hysi igne uria uria	19	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(o)		
ar attending p ste has been si r use as the b salth prior ta b	7	416 X							
s th	CERTIFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WHI	CH OPERATION WAS PE	REFORMED 20a. AUTOR	PSY?	20b. IF YES, WERE FINDING	GS CONSIDERED IN CI	ERTIFYING
this certificate has been etached for use as the Dept. af Health prior ta	TIE				YES	NO 🔲	CAUSES OF DEATH?		
ate or u		210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCC	URRED (Enter nature	e of injury in Part 1 ar Part	2, Item 18.)	
of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Manth Doy Year					
apt.	ME	21d. INJURY OCCURRED 21e.		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street	t ar R.F.D. No.	City ar Town	Caunty	State
det e De		While Not while at work					1		
Stat		22a. I certify that (I) (thi	s hospitol) atte	ended the deceose	ed from del 2	5, 1968,	to 00127.	19 & , thot	(I) (we) lost
uld be c		saw the deceased al causes stoted obove	(l) (we) (did)	(did not) view the	968, and that in (my	y) (our) opinion	aeath accurred on the	dote and hour	ond from the
TO FUNERAL DIRECTOR: Afferdirector, page 3 should be filed with the Sta		22b. SIGNATURE	1 (10) (10)	1/1	4			22c. DATE SIGNED	1
A v v		Almai	4/11	alleun	LES DEGREE PHYS.	G DIRECTO	STAFF	10/20	8/68
Elege P		22d PHYSICIAN'S	100		22e. ADDI	RESS	19-10-36-11-W	/ /	/
d be		NAME (Type) LEC	NARD WAL	LENSTEIN	848	W. 36th	STREET		
J FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior ta	230.	BURIAL, CREMATION, 23b. C		23c. NAME OF	CEMETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County)	(State)
70			28-68	KNESSET	CEMETERY OR CREMATORY H ISRAEL ANSH	IE KOLK WO	DLYN, BALTIMO	JKE, MAKY	LANU
VR A13	24.	FUNERAL DIRECTOR	000 (010	ADDRESS DET CTEDC	TOWN POAD	KE			100
M REV. VS8	50	L LEVINSON & BE	(05.,6010	KEISILKS	TOWN KUKU	DATE OCT 3	0 1968 200	iarles Ju	7

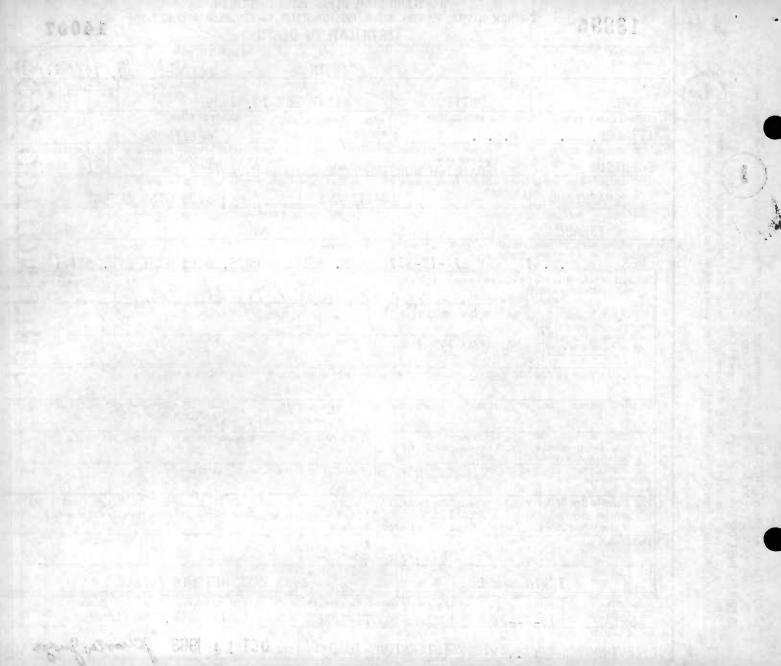


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Items 566 Fild Vision of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14006 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR ALVIN RAYMOND ESTI-FUNK DEATH MATED IF UNDER 24 HRS Pe 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years last birthday) IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD PM3 October Yeor 1968 1/3/19 1927 4917YRS Male. White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm with the State De DIVORCED TY WIDOWED TO Maryland BALTIMORE B. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
6 Oella Avenue Donut Corp during most of working life-even if retired.) Ellicott City 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore odmission) STATE Md. Ellicott Cty YES NO 6 Oella Avenue 24 haurs Item 1 diter 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Charles W. Funk Gertrude Piffer = within 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil shauld be farwarded to the Chief Medical Examipee (Yes, no, or unknown) (If yes give war or dates of service) 219 03 4502 Garland Funk 3602 Lilac Ave. Balto. 21227, Md. ves = within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND CEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). writing the word certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 d S remaval, used CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES X NO T 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy XI, Inspection | Inquiry and in my opinion death resulted fram: Natural causes X Hamicide Undetermined manner Suicide Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X October 19, 1968 DEPUTY MEDICAL EXAMINER 5 n. TO FUN. Health Charles S. Springate, M.D. EXAMINER'S ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 10/23/68 Ellicott City Good Shepherd Md. Howard ADDRESS 24. FUNERAL DIRECTOR Higinbothom Slack Ellicott City, Md, VR A15ME (5) 10M REV. 1/68

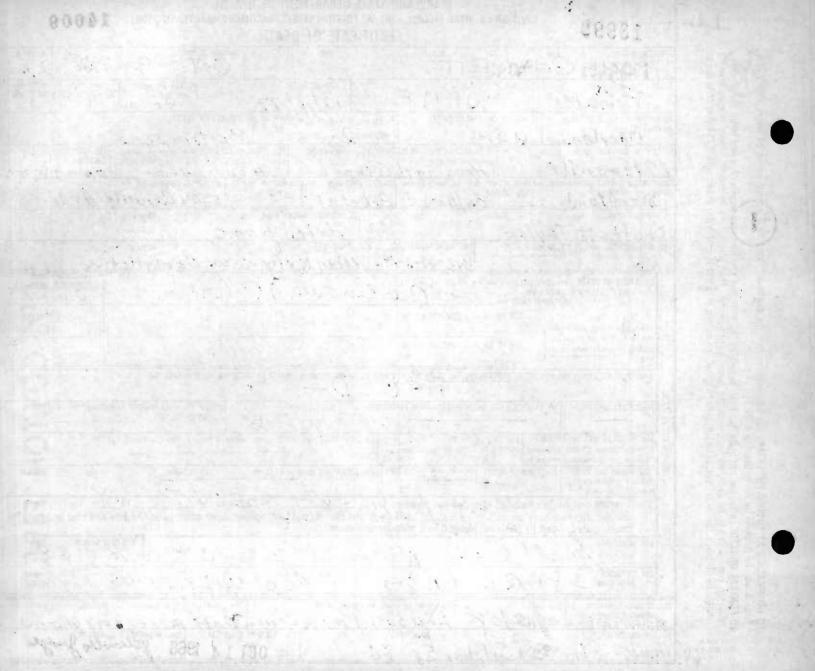
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14008 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 2a. DATE KNOWNET Manth 2b. HOUR Year (Type or Print) ESTIay is 3 to Page GARMAN 1968 af ENNETH OLT DEATH MATED AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR P. and HOURS 1968 AM 2 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 4 should be farwarded to the Chief Medical Examiner's Office along with farm country) USA WIDOWED DIVORCED [Md. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street-oddress' during most of working life, even if retired.) **INDUSTRY** the ESSEX MARTI 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Item 18. ESSEX 1629 EASTERN YES NO 12 24 Hours after 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last LEROY GARMAN MAGGIE BEVEN.S pages haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT This certificate shauld be executed within (Yes, no, or unknown) 173-05-902 ABOVE KATHRYN GARMAN ES APPROXIMATE INTERVAL .= within 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (1). BETWEEN GINSET AND DEATH permit. PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise ta immediate cause (a). any writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 go remaval, CERTIFICATION used 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW NUURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should g HOUR A.M PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town State County foctory, office building, etc.) WHILE AT WORK AT WORK burial, or 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion funeral directar. Accident . Suicide deoth resulted from: Notural causes. Homicide CHIEF MEDICAL EXAMINER priar ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town, of county) NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 10/9 168 GOUGLERSVILLE LEVELERSUIL LE REMOVA 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5) 10M REV. 1/68

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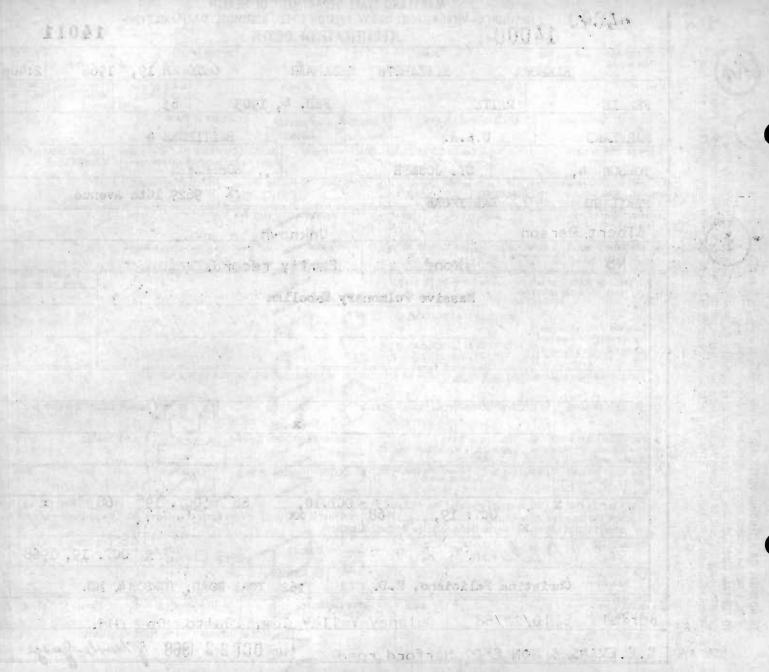
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	-	13999	DIVISION OF VI				RE, MARYLAND 21201	1400	9
L		19994		CER	RTIFICATE OF	DEATH			
1		CEASED-NAME Eirs	ARRE	Middle	Last	20	DATE OF DEATH Month 9	Doy 1968	2b. HOUR
3	3. SE)	Female	4. RACE	HITE	S. DATE OF	BIRTH	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
7	7o. 8	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8. I	MARRIED NEVER MA	ADDIED 9. CO	OUNTY OF DEATH	5.	
L	caunt	Marviand	USA.	w	IDOWED DIV	ORCED 🗆 E	altimore		A
0	0. CI	TY OR TOWN OF DEATH	give stree	of Hospital OR INSTITUT et address) uscin the	TION (If nat in hospital	during most of	CUPATION (Kind of work dan working life, even if retired. 4.56 WO COC		BUSINESS OR
	3o. I	USUAL RESIDENCE (Where decedings) STATE		Residence before 13c.	. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	11 1.	1100
9		maryland	Ba	Mmre 19	routus		5504 Carvi	110 HVC	
1	B	ATHER'S NAME First	Middle	Last	Hel	MAIDEN NAME First	middle		Lost
			was as datas of consent	b. SOCIAL SECURITY NO.	17. INFORMANT		Address	1	
		Silo, of UlikildWil)	Wal of dales of service)	13-48-649	2 1/2/411	Yelly 55	of Carvill		
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause per line f	or (o), (b), and (c).)	a vistory	iad Cr	Para -	APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
8		I F 2 IMMED	IATE CAUSE (a)	('07	cenone	10	Corc	1	
1		Canditians, if any, which gave		CONSEQUENCE OF		0			
		rise to immediate cause (a),	(0)	CONSEQUENCE OF					
1		stating the <u>underlying couse</u> last.	(c)	CONSEQUENCE OF					
1	1	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO THE TERMIN	NAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)	-7	
ı	No.	1538		175 C	00-				
ı	ICATI	190. DATE OF OPERATION 196	. CONDITION FOR WHICH	OPERATION WAS PERFOR		1	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
1	CERTIFICATION	21o. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF IN	HIRY	YES [re af injury in Part 1 ar Part	2 Item 18)	
	3	or contributing cause of OE (If either, natify medical exam	HOUR A.M.	Manth Day <u>Year</u>	The state of the s	(Line) IIOIO	no or injury in run i di run	s, 1000 100	
1	-	21d. INJURY OCCURRED 21e		HOME, FARM, STREET, FACTORY,	21f. LOCATION Str	eet or R.F.D. No.	City or Town	County	Stote
	- 1	While Nat while at work	et degrament			1	0.76	10	
ı		22a. I certify that (I) (the saw the deceased	nis haspital) attend	ed the deceased for	rom 0 1	7, 19.55	death accurred an the	19 that	
		causes stated abov				my) (sor) apinian	death accurred an the	aare and naur (ana iram i
	1	22b. SIGNATURE	O Para	0 / 1/1	ATTENE	DING MED.	STAFF C	Cc. DATE SIGNED	0
l		jear	e gas	e prince	DEGREE PHYS.	DIRECT	OR PHYS.	10-9-6	, &
		22d. PHYSICIAN'S NAME (Type)	ARL	PASS	22e. Al	40010	UILKEN	15 /0	1
1	23o.	BURIAL, CREMATION, 23b.	DAYE	23c. NAME OF CEME	TERY OR CREMATORY	230	LOCATION (City or Town)	(County)	(State)
-	1	REMOVAL (Specify)	112/68	10460	nlark		19 / Mary	Mary	and
	14.	mbrose Inc	3285126	ADDRESS	1	DATE OCT	25b. REGISTRA	iones Jo	edge
	11	my rose unc	16 JUION	41 11 1	C.	DAIL OUT	14 1000		-



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14011 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) OCTOBER 19, 2:400 ELENORA ELTZABETH GEELHAAR 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS WHITE executed within 24 haurs af FEMALE FEB. 4. 1903 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED [DIVORCED [BALTIMORE 4 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
ST. JOSEPH INDUSTRY carbon TOWSON 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE
MARYLAND 13b. COUNTY BALTTMORE NO X 9629 10th Avenue 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be Albert Merson Unknown ease 16b. SOCIAL SECURITY NO. Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) None Family records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: CAUSED BY: Massive Pulmonary Embolism DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) buriol-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? NO [YES T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that \$0 (this hospital) of tended the deceased from OCT-10, 1968, to OCT-19, 1968, that (\$x(we) lost saw the deceased alive an OCT-19, 1968, and that in (\$x(y) (aur) apinion death occurred on the date and hour and from the couses stated above, 20 (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. OCT. 19, 1968 DEGREE PHYS 22e. ADDRESS 22d PHYSICIAN'S Christina Feliciano, M.D. NAME (Type) 7620 YORK ROAD. TOWSON 4. MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION, B REMOVAL (Specify) 10/22/68 Dulaney Valley Balto. Co Cem. Md 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 3 DATE OCT 2 2 1968 C.F. EVANS & SON 8802 Harford road



14003

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely wifed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Rages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14013

1	I. DECEASED-NAME First (Type or print) Fai	nnie Lee	Goodloe	2a. DATE OF DEATH October 3.00	1968 26. HOUR 9:00
	s. sex female	4. RACE White	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7	7o. 8IRTHPLACE (Stote or foreign country) Tenn.	7b. CITIZEN OF WHAT COUNTRY? U. S.	8. MARRIED TO NEVER MARRIED TO DIVORCED TO DIVORCED	9. COUNTY OF DEATH Baltimore	M
0	D. CITY OR TOWN OF DEATH Catonsville	11. NAME OF HOSPITAL OR IN give street address) SPRING GROVI	E STATE HOSP.	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
0	admission) STATE Md.	sed lived, if institution: Residence before 13b. COUNTY Pr. Geo.		INITS? 13e. STREET AND NUMBER R.F.D. #1	
ľ	4. FATHER'S NAME First	Middle Last Inknown		irst Middle nknown	Lost
	16a. WAS DECEASED EVER IN U.S. ARI Yes, no, or unknown) (If yes give	MED FORCES? 16b. SOCIAL SECURITY 213-50-		Address RING GROVE STATE	
	PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), and (c) D BY: ACUTE PUT ACUTE PUT) lmonary edema		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4771	DUE TO, OR AS A CONSEQUENCE OF	clerotic cardiovasc		
2	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	2Db. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Manth Day Year		r nature of injury in Port 1 or Port 2, It	tem 18.)
	While Not while at wark of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			County Stote
	22o. I certify that () (the sow the deceased of courses stated above	is hospital) attended the deceaselive on Oct 3 e, (I) ********************* (did not) view the	ed from May 3, 19, 19, 19, 50, and that in (my) (or opi body ofter death.	nion deoth occurred on the dot	68 , that (%) (we) lose and hour and from the
	22b. SIGNATURE	Hrowolides .	DEGREE PHYS.	NED. STAFF 22c. D	ATE SIGNED 1-4-68
1	22d. PHYSICIAN'S NAME(Type) Di	omidis L. Pirovolio	nis, M.D. Bal		OSPITAL 21228
2	230. BURIAL, CREMATION, 23b.	10/8/1968	CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City or Town) Suitland. Maryl	(County) (Stote)
0	24. FUNERAL DIRECTOR LINES Jan	ryis Co. Ing. VI	132 JUST WATE OC	Y REGISTRAR 25b. REGISTRAR'S S	SIGNATURE JUSTAN:

MARYLAND STATE DEPARTMENT OF HEALTH 14003 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14014 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR hours after death (Type ar print) Month 18 Day 1968 or Walter Franklin Gover, Sr. Oct. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS last birthday) Sept. 7, 1913 Male Cau. 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED X WEVER MARRIED 9. COUNTY OF DEATH country Md . lease remove corbon papers. and in ony event, within 72 h U.S.A. Baltimore WIDOWED | DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street oddress) during most of working life, even if retired.) Cockeysville (Texas) Railroad Ave Labor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore requires that the deoth certificote be executed Cockevsville YES NO 🗌 Railroad Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Last Virgie Walter Ford Gover 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) burial, cremotion, or removal, Mar 41-Aug 44 213-07-7077 Margaret Govern, Same as # APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE signed by the burial-tronsit p Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUEN stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 210. ACCIDENT WAS UNDERLYING 2H TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter_nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION 21d. INJURY OCCURRED Street or R.F.D. N City or Town State While Not this 220. I certify that (1) (this hospital) attended the deceased from 19 and that in (my) (our) opinian death occurred an the date and hour and from the causes stoted obove, (1) (we) (did find not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION, 23b. DATE RMOVAL (Specify) Burial Poplar Grove Cemetery Baltimore, Md. Oct.21, 1968

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

1968

24. FUNERAL DIRECTOR

30M REV. 1/68

Wm. Cook-Brooks Towson, 1050 York Rd. 21204

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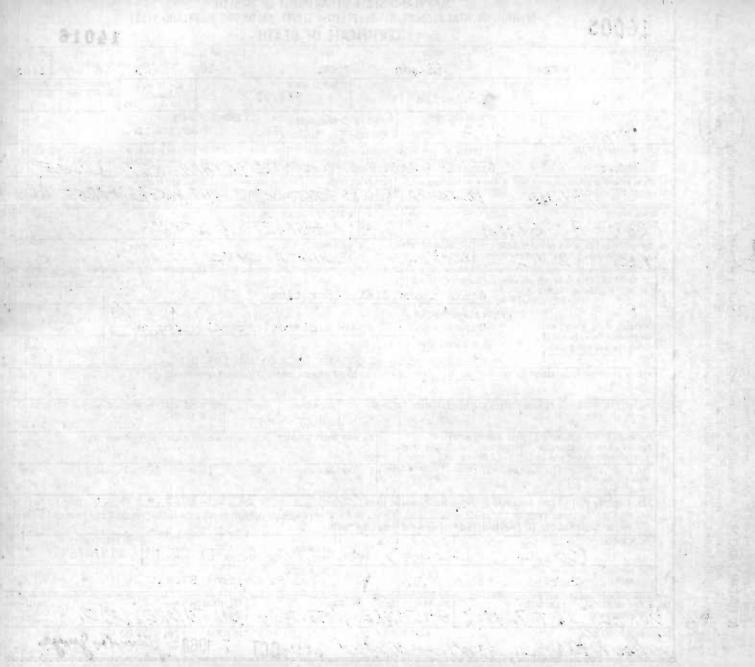
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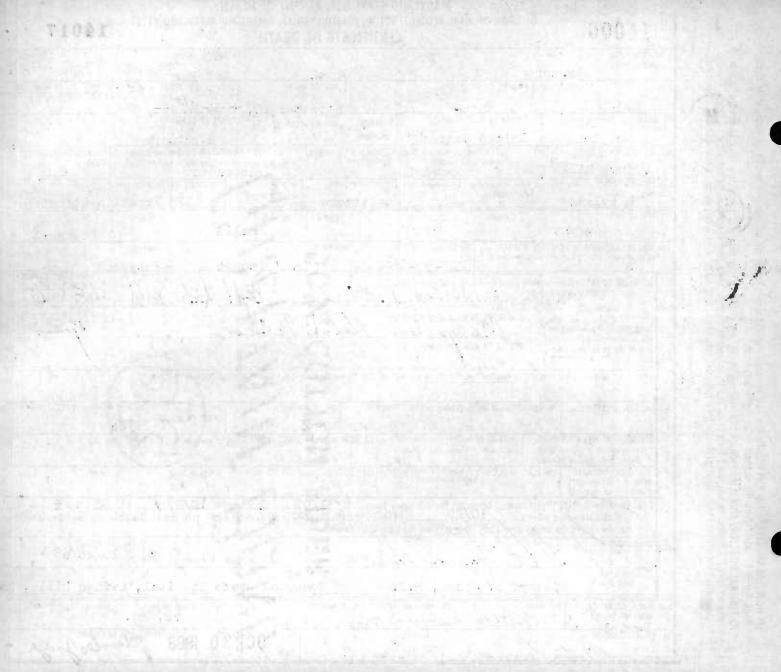
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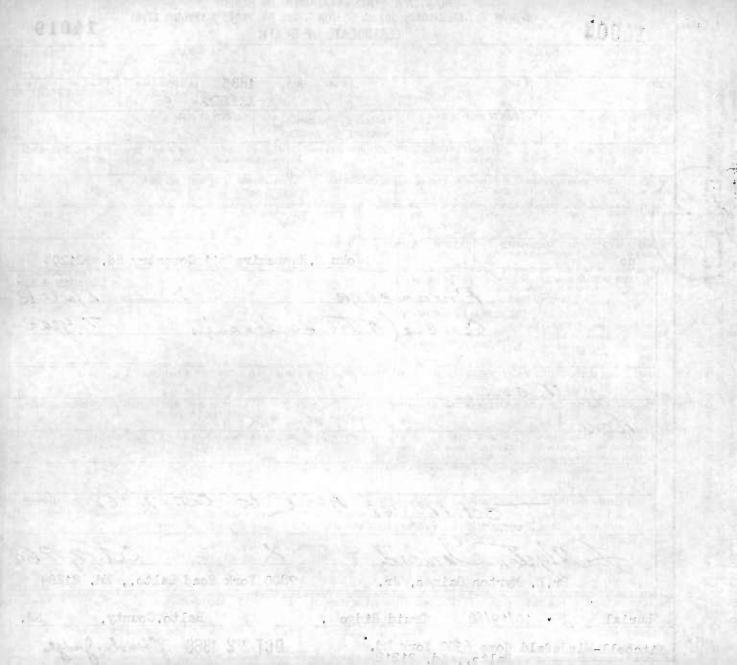
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	14005	DIAISION OF		TIFICATE OF DEATH	LTIMORE, MARYLAND 21201	14016
	I. DECEASED-NAME	First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
	(Type or print)	George	Wilson	Groom	10 Manth 3	Day 68 Yeor 11:45 H
	3. SEX Male	4. RACE	aucasian	S. DATE OF BIRTH 7/4/9	6. AGE (In years last buthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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6	O. CITY OR TOWN OF DEATH Baltimore	give Br	iAME OF HOSPITAL OR INSTITUTI street address) eater Balto.	Med. Center during	SUAL OCCUPATION (Kind of work dan most of working life, even if seticed	12b. KIND OF BUSINESS OR
73	13a. USUAL RESIDENCE (Where admission) STATE MAR	e deceosed lived, if institu	tian: Residence befare 13c.	CITY OR TOWN 13d. INSIDE CITY OF TOWN	Y LIMITS? 130. STREET AND NUMBER NO 149 ROGERS	FORGE RD,
1	FRED A	. GROOM	Last	IS. MOTHER'S MAIDEN NAMI	First Middle WILSON	Last
	160. WAS DECEASED EVER IN Year or runknown)	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO. 217-07-3302	17. INFORMANT PAMILY Re	Address	
		(Enter only ane cause per l				APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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	OR CONTRIBUTING CAL	JSE OF DEATH HOUR A.M. P.M.	Month Doy Year		nter nature af injury in Part 1 or Port	2, Item 1B.)
	While Nat while at work)		21f. LOCATION Street or R.F.D.		Caunty Stote
	22a. I certify that	(I) (this haspital) at	ended the deceased fr	8/13 , 19	ppinion death accurred an the	19 68 , that (I) (we) la
	causes stated	l abave, (I) (we) (did	(did nat) view the bady	after death.	phinon death accorred all the	uale and navi and fram in
	22b. SIGNATURE	2110	R	ATTENDING	MED. STAFF 22	2c. DATE SIGNED
ı	C	hales C.	Droung.D.	DEGREE PHYS.	DIRECTOR PHYS.	10/4/68
	22d. PHYSICIAN'S NAME (Type) C1	harles C. Br	own, M.D.	6701 N.	Charles Street	
	23a BURIAL, CREMATION, REMOXAL (Specify)	23b. DATE OCT: 7, 19	23c. NAME OF CEMET BALTIMON		23d LOCATION (City or Town)	(County) (Stote)
	24. FUNERAL DIRECTOR	uno li	ADDRESS	DAT OC	D BY REGISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
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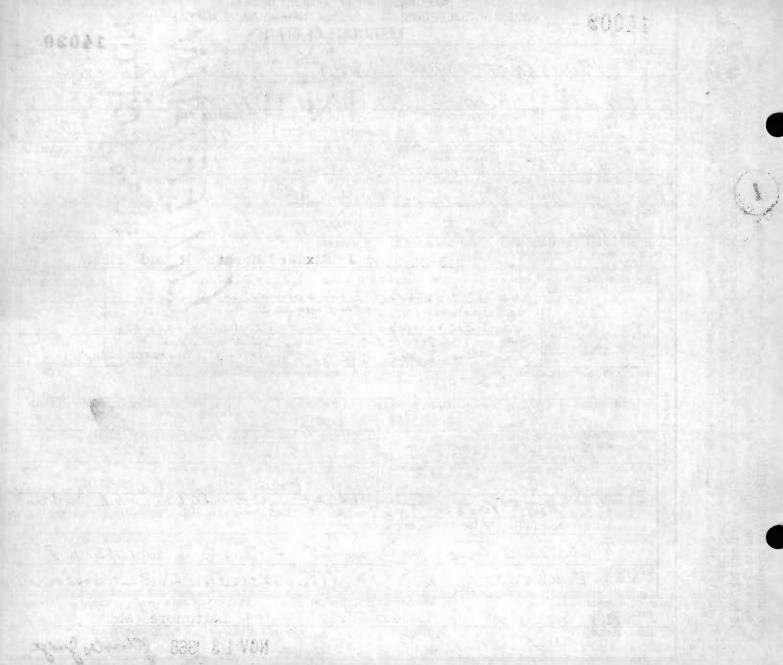




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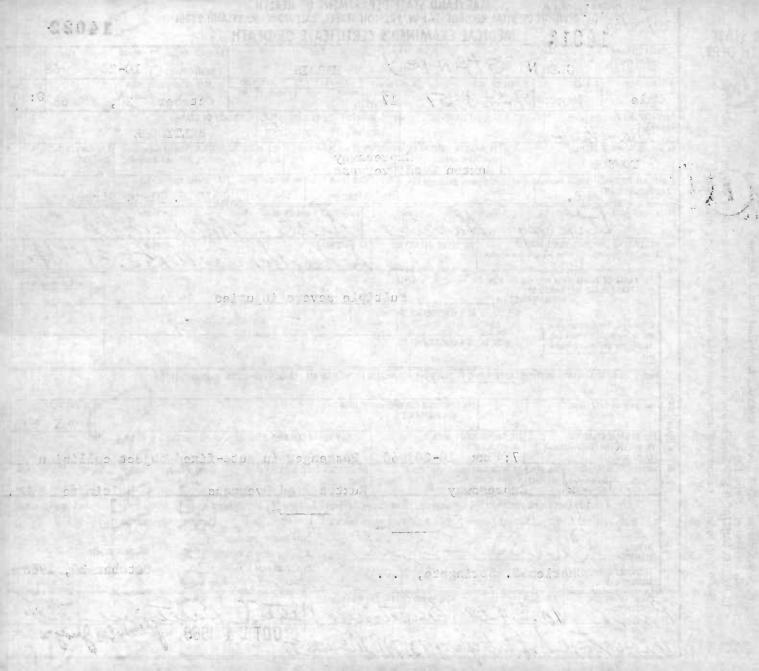
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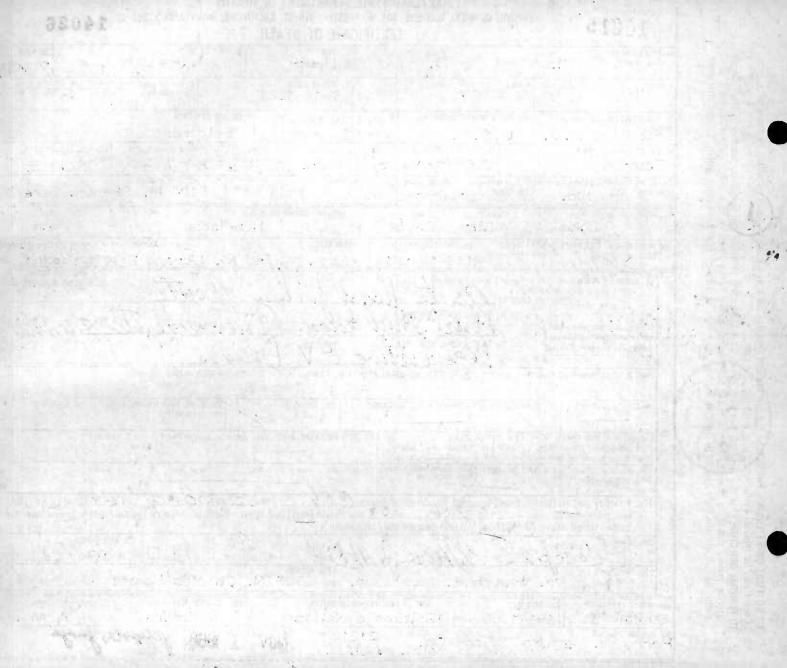
14028 THAMBE V HARREST DECLINED BY - 47 618143X-52 - W Taken Taken V. J. B CATANIONE OF STREET STREET, ST BALTO CATOMORE & LONG MESSER (SERVICE) .979 EMPLY I MICKED 1219 X DIANES world Mr. Harrison in Village William

MARYLAND STATE DEPARTMENT OF HEALTH 14013 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14024 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR 24 hours after death (Type or print) MILLIAM Month 10 MC CLELAN HARTMAN 680 :10 PM 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX IF UNDER 24 HRS. 6. AGE (In years please remave carban papers. Pages I, and in any event, within 72 hours after last birthday) 8/21/15 WHITE MALE YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE, MARYLAND WIDOWED | DIVORCED U.S.A. BALTIMORE COUNTY and campletely filled 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) working life, even if retired.) FORT HOWARD PACKING VET. ADM. HOSPITAL 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMARY LAND 136 COUNTY YES 🔽 NO [3243 ELLIOTT BALTIMORE crematian, or remaval, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Middle Lost Lost BERNARD HARTMAN MARGARET HOGGE 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no or unknown) 217 09 2967 Clin. Rec. VAH. Fort Howard, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: METASTATIC CARCINOMA RIGHT LUNG MONTHS permit. IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove : rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) CHRONIC MALNUTRITION Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. of Health priar ta 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SCALENE LYMPH NODE BIOPSY 20o. AUTOPSY? CAUSES OF DEATH? 9/25/68 NO T FOR METASTATIC CANCER LOOK 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while 19 00 220. I certify that the chis hospital) attended the deceased from Oct. to UCt. 31 19 68 saw the deceased glive on Oct. 31 _1968 , and that in 1994) (our) apinion death occurred on the date and hour and from the causes stated abave (we) (did) (2682769) view the body after death. 22c. DATE SIGNED 10/31/68 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF XX directar, page 3 should be filed v DEGREE PHYSICIAN'S 22e. ADDRESS NAME (Type) JOHN C. DUMLER, JR. M.D. VA HOSPITAL, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 230. BURIAL CREMATION, 23b. DATE (County) 11-4-68. REMOVAL (Specify) Baltimore National Cemetery Baltimore, Maryland Sts NOV **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Hudson & Conkling VR A15 (4) 1968 6 30M REV. 1/68 Funeral HomeBaltimore. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14025 CERTIFICATE OF DEATH F17mG),06 77/22 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) within 24 hours BALTIMORE 22 mo OWSON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS NAME OF Middle Lost DATE DECEASED DEATH (Type or print) IF UNDER 1 YEAR SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 24 HRS lost birthdoy) Months WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT and in (ATTENDING PHYSICIAN: The law requires that the death certificate be physician (nen please during most of working life, even if retired) INDUSTRY COUNTRY? NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM burial, crematian, ar remaval, ER 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN burial-transit ONSET, AND DEATH by the haspital ar attending physician. DUE TO 455 Conditions, if ony, which gove rise to immediate couse (a), DUE TO as the priar to b stoting the underlying couse yrs. has been ASCUD lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work O FUNERAL DIRECTOR: After , 19 68, to Oct. 10, 19 68, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from JULY 26 Page 4 may be retained 19 (68), and that death accurred at 3 1/54, M, fram causes and an the date stated above saw the deceased alive an Oct. 9 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S E. Lee Robbins, M.D. Towson, Md. Courtyard Apts. NAME (Type) director, p 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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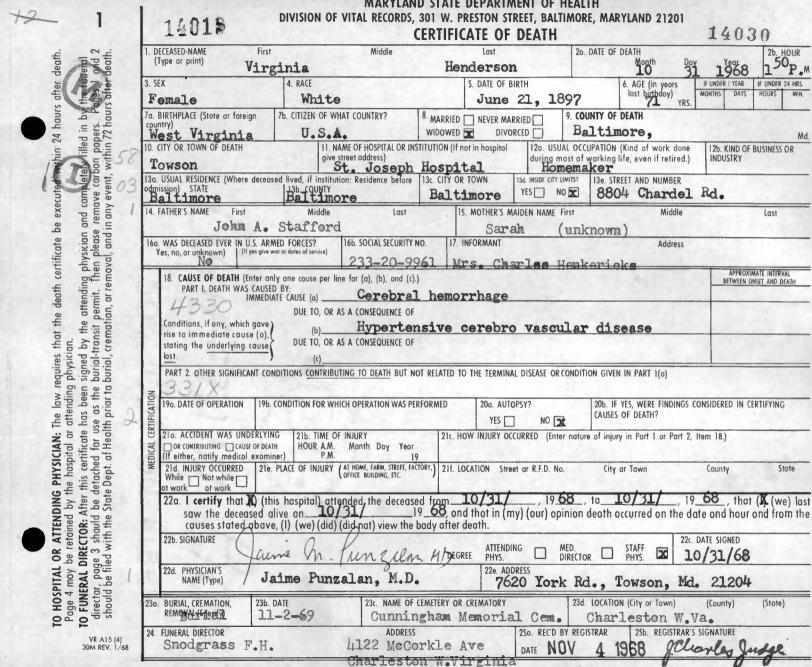


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		22b. SIGNATURE	3 511	The all	2 Degr	ATTENDIN	G MED.	OR		DATE SIGNED	
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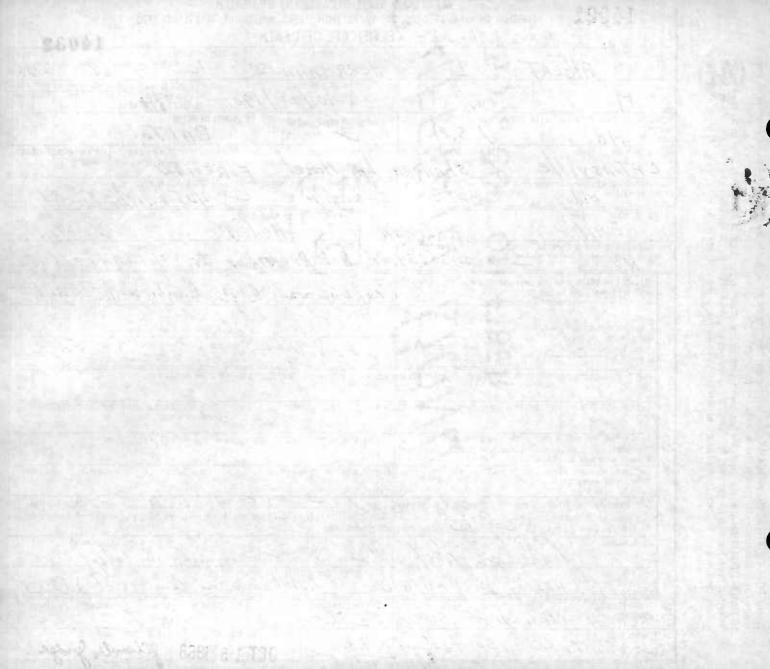


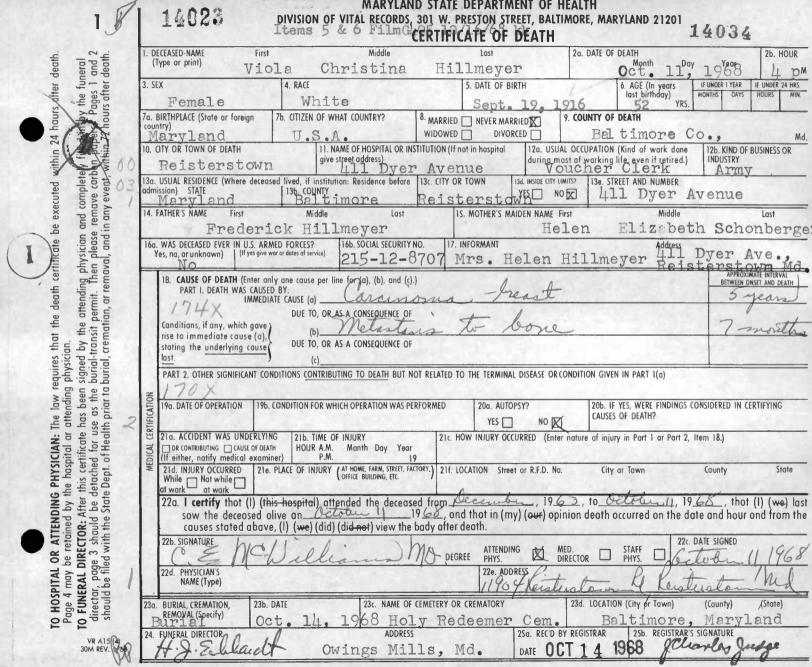
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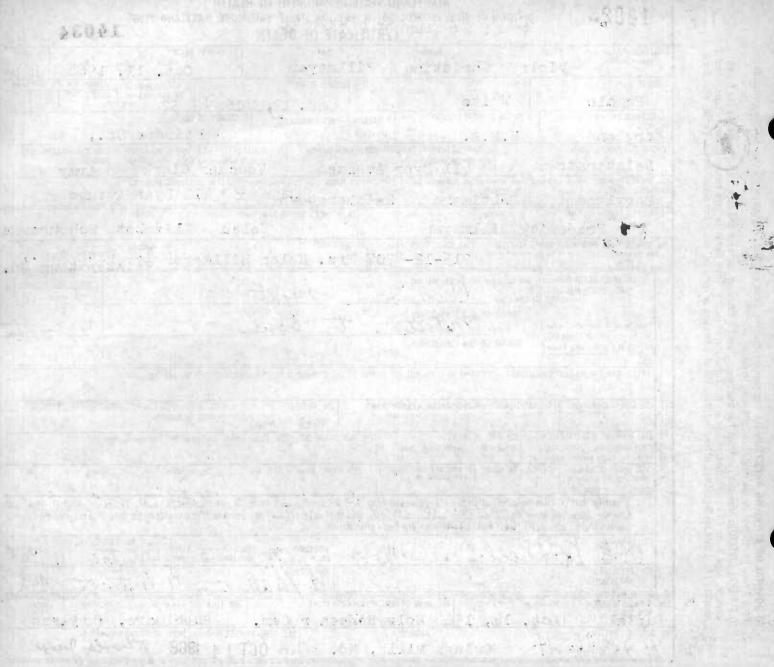
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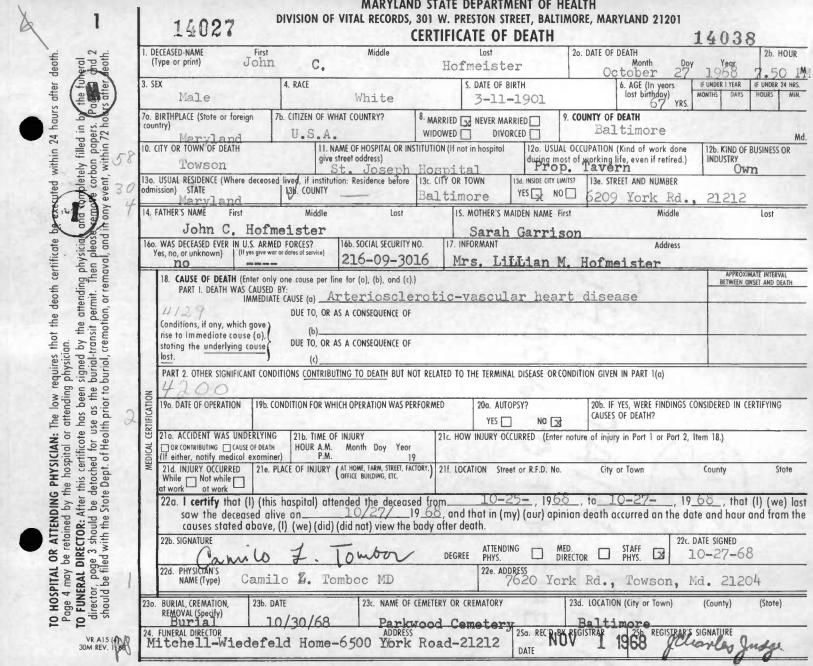


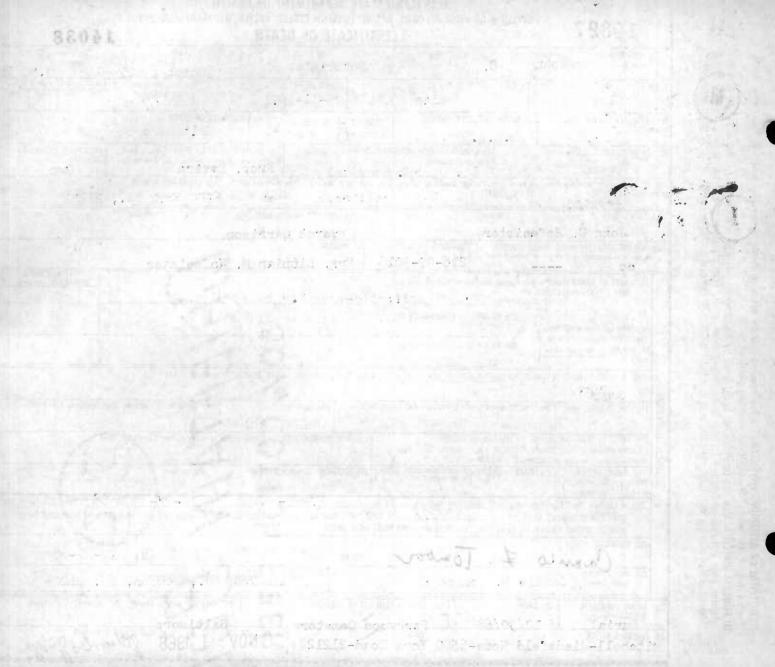


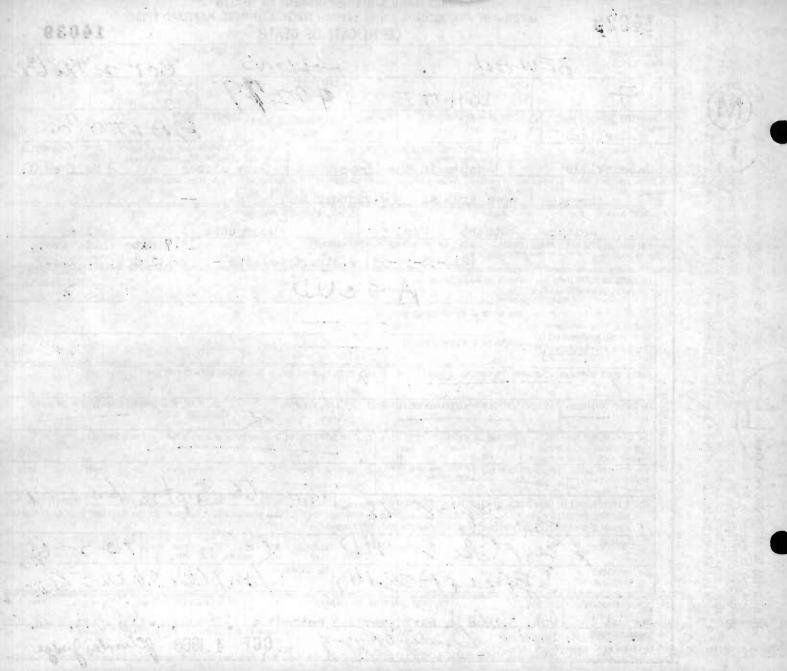
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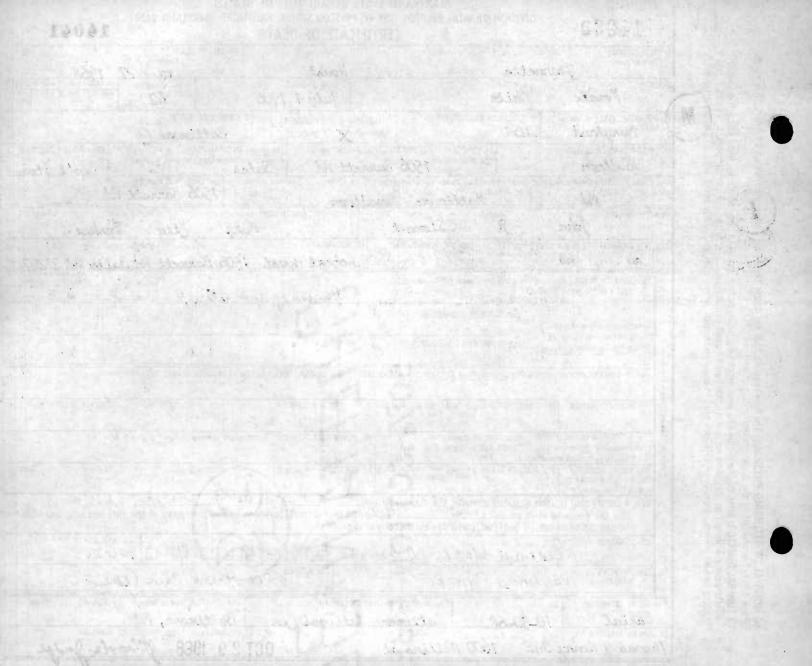






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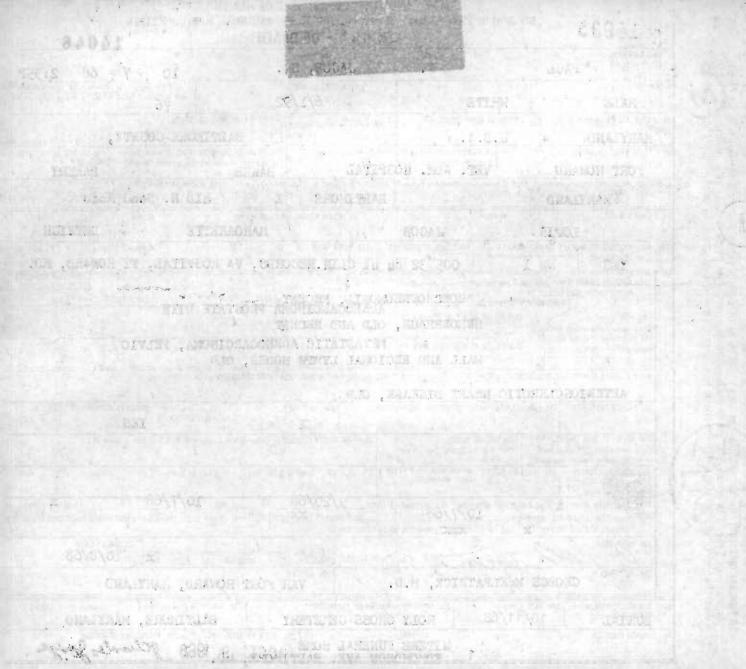
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14044 Middle 1. DECEASED-NAME First 2a. DATE OF OEATH 2b. HOUR Month 30 Day 68 (Type or print) 10 12:30 7 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS MONTHS I DAYS HOURS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED tountry) WIDOWED V DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased Mved, if institution; Residence before requires that the death certificate be executed remove YES 🔀 ond com signed by the attending physician ond co buriol-transit permit. Then pleose remov burial, cremation, or removol, and in any 14. FATHER'S NAME Middle Middle 1S. MOTHER'S MAIDEN NAME First 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANI Address Yes, no. or unknown) (If yes give war or dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SOUTHOUS CELL CARGINGMA LEFT DUE TO, OR AS A CONSEQUENCE OF CHEECK AND LEFT ORBIT Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use os the te Dept. of Heolth prior to TO FUNERAL DIRECTOR: After this certificate has been 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES [NO T 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) ottended the deceased from saw the deceased alive on 19 2, and the 19 6 d. to _1968, and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated obove. (1) (we) (did) (did not) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 1801FREDERICK NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) DREMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)) NOV

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MARYLAND STATE DEPARTMENT OF HEALTH



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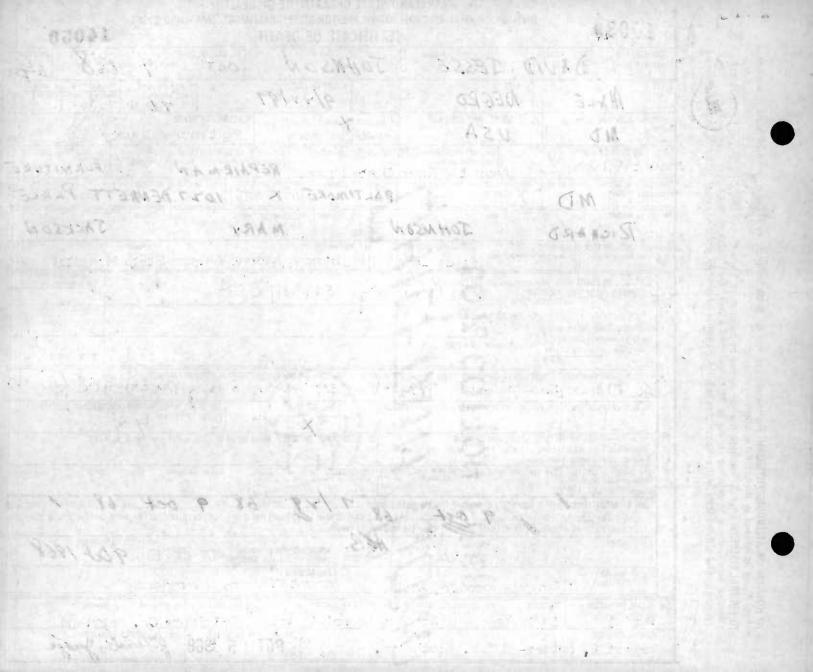
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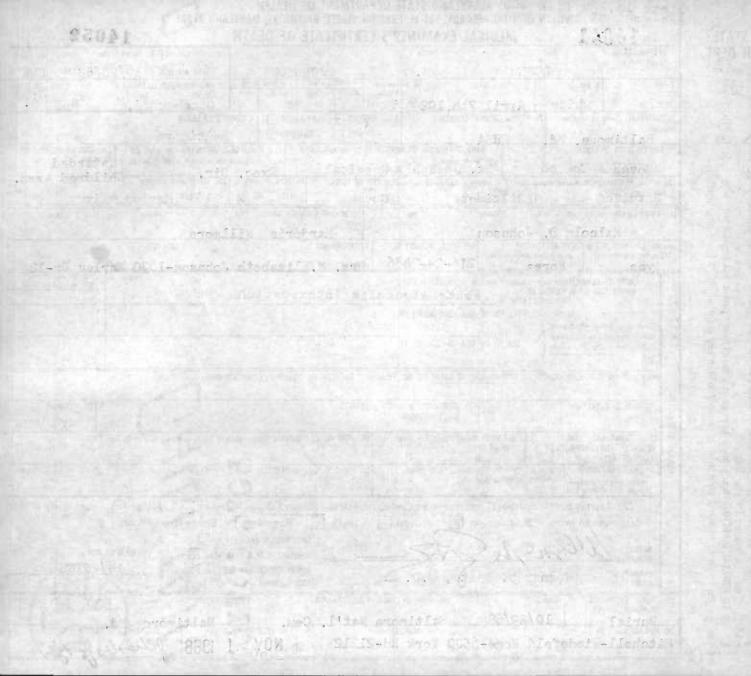
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Page 4 may O FUNERAL I director, pag	230	BURIAL, CREMATION, 23b. I		OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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VR AIS		FUNERAL DIRECTOR	ADDR	ESS 2SaREC'D B	Y REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
30M REV. 108	ŀ	erbert E. Nutt	er-3035 W. North	Ave. DATECT	1 5 1968 Julian	as June



14040	DIVISION O		W. PRESTON STREET, BA TIFICATE OF DEATH	LTIMORE, MARYLAND 21201 	14051
1. DECEASED-NAME	First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
(Type or print)	EVA	NMN	JOHNSON	10	Doy Yeor 1968 12:50 1
3. SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Female		Negro	9- 9-1	725 43 YF	85.
70. BIRTHPLACE (Stote or fore country):	eign 7b. CITIZEN OF V	- 1	ARRIES A NEVER MARRIED	9. COUNTY OF DEATH	L 1
10. CITY OR TOWN OF DEATH	1	NAME OF HOSPITAL OR INSTITUTI	ON (If not in bosnito) 120 H	CITAL OCCUPATION (V:- 4 of	timore Md.
Towson	G give	estreet oddress) eater Balto.Me	ed. Center	Staf working life, even if retired	I.) INDUSTRY
13o. USUAL RESIDENCE (Wher odmission) STATE	e deceased lived, if institution 17b. COUNTY	ution: Residence before 13c.	CITY OR TOWN 13d INSIDE CITY YES TO	NO 325 EC	Fannole St
14. FATHER'S NAME First	Middle	m Lost //	. 15. MOTHER'S MAIDEN NAME	E First Middle	Aller Fost
160. WAS DECEASED EVER IN	IIS APMED EDPCESS	116b. SOCIAL SECURITY NO.	17 INFORMANT	Address	no incon
	If yes give war or dates of service)	Tob. So cine secont i ito.	Xugnita	Thompson 4	114 Titman
1B. CAUSE OF DEATH	Enter only one couse per	line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (o)	Intracerebra	hemorrhage		
431.0	DUE TO, OR	R AS A CONSEQUENCE OF			
Conditions, if ony, which	se (a) (b)	Hypertension			20 hours
stoting the underlying		R AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIEM	ANT CONDITIONS CONTRIE	RUTING TO DEATH DUT NOT DE	ATED TO THE TERMINAL DISEASE C	DECONDITION GIVEN IN DART 1/a)	
1221V	ANT CONDITIONS CONTRIB	JOHN TO DEATH DUT HOT KEE	THE TO THE TERMINAL DISEASE C	ACCIDITION OFFICE IN FAKT 1(0)	
190. DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION WAS PERFORM	NED 20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
STIFIC	No. of Ast		YES 🔀 NO	CAUSES OF DEATH?	YES
			21c. HOW INJURY OCCURRED (En	nter noture of injury in Port 1 or Port	2, Item IB.)
OR CONTRIBUTING CAL	l exominer) P.M	Λ. 19			11220
While Not while of work	1		21f. LOCATION Street or R.F.D.		County State
22a. I certify that	(I) (this haspital) at	ttended the deceased fr	om9/30, 19	2.68 , ta10/1, apinian death accurred an the	19 <u>68</u> , that (I) (we) last
saw the dece	ased alive an	d) (did nat) view the bady	after death.	apinian aeath accurred an the	agre and nour and tram the
22b. SIGNATURE	4	//		MED STACE 2	2c. DATE SIGNED
	Charles C	o. Browni	1111111	MED. STAFF PHYS.	10/1/68
22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS	Paltimora Madia	al Contos
		Brown, M. D.		Baltimore Medica	
230. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	68 23c. NAME OF CEMEN	CI COM YILE	23d. LOCATION (City or Town)	(County) (Stote)
24. FUNERAL DIRECTOR	2	ADDRESS	SX 250. REC'I	D BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE
HAMMON	Sande	741 7117	Auguston DATE D	ICT 8 1968 KC	corles mage

MAKTLAND STATE DEPARTMENT OF HEALTH

2 1	ţ=	TS-18, 22a film	0F VITAL RE	ARYLAND STAT CORDS, 301 W.	PRESTO	ARTMENT O	F HEALTH LTIMORE, MA	RYLAND 2	1201			
FOR STATE		14041		AL EXAMINI						14	052	
HEALTH DEPT.		ECEASED-NAME First Type or Print)	10.00	Middle		Lost		2a. DA	E KNOWN	Manth	Day Year	2b. HOUR
is 5 s		MALO		E.			HNSON	DEA	TH MATEDX	10/2	5/68 19	UNK M
ne de de	3. SI		S. DATE OF BIR		GE (In years it birthday)	MONTHS DAYS			E PRONOUNCED		Year	8:02 P· M
PMY d		ale white			39 yrs			00	tober	Day 25	1968	P . M
any c	coun	try)	o. CITIZEN OF WH			RRIED NEVER A	MARRIED	COUNTY OF				
\$ 15 B	10 0	Baltimore, Md	HSA 111 N	AME OF HOSPITAL OR					Limore N (Kind of wor	t done 1	2b. KIND OF BUS	Md.
hin 24 haurs aft of reath noil in Item 18. Give Pages, miner's Office alang with for pages 1 and 2 with the State haurs after death.		XXXXXXXX Towson	give S	treet oddress) Joseph'	s Hos	pital	during mo	ost of workin	g life, even if r	etired.)	www.ded	
s aft. 18. Grand 2 with t death.		USUAL RESIDENCE (Where decease	d lived, if institu	ition: Residence before			13d. INSIDE CITY LIMITS	S? 13e. ST	REET AND NUME	BER Ch	ildred	issn.
2 w dee	_	Mary 1 and	Na Pachati		Gov	ans	YES NO	X 10	030 Mar	low D	rive	
haurs Item 19 Office 1 and 2	14. F	ATHER'S NAME First	Middle			IS. MOTHER'S M		First	Mid	dle	Lost	
hin 24 ncil in 1 niner's pages 1 haurs c	14- 1	Malcolm D. WAS DECEASED EVER IN U.S. ARMED FO			NO 1		jorie F	`illmoı		,		
within pencil camine le page		es, no, or unknown) (If yes give w	or or dates of service)	16b. SOCIAL SECURITY 216-24-74		7. INFORMANT			ADDRES		92	
be executed within "pending" in pencil ief Medical Examine insit permit. File pag event within 72 hau		ves Kore		7-7-		Mrs. M.	Elizabet	h John	ison-10	30 Ma	APPROXIMATE	INTERVAL
should be executed as ward "pending" in the Chief Medical E. urial-transit permit. Fin any event within		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	Acute Alc	ohol	ic Into	xicatio	n			BETWEEN ONSET	AND DEATH
oe execute 'pending'' ief Medica nsit permit	04	303.9 IMMEDIA	r cyost (a)	AS A CONSEQUENCE C				100	TV-	- 10	1000	
be ("pe iief iief insit	3	Canditians, if any, which gave	(b)									
old ard e Ch e Ch		rise to immediate cause (o), stating the underlying cause		AS A CONSEQUENCE O)F	S. F. W.	A. Marie	7 - 30	7-2-93	-10/1	17 63 8	
e should be e the ward "per ta the Chief I burial-transit ad in any ever		last.	(c)									
0		PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR CONI	DITION GIVEN	IN PART 1(a)	V TE	700	
certificate writing 1 rwarded ised as a naval, an	NOI	19g. DATE OF OPERATION		19b. CONDITION FOR	WHICH OD	DATION					20. AUTOPSY	2
e, writifarwar farwar used emaval	CERTIFICATION	THE DATE OF OFERATION		WAS PERFORME		KATION					YES T	NO 🗀
INER: This e certificate, shauld be fa files. 3 shauld be La 3 shauld be La arion, ar ren	CERTI	21a. EXTERNAL CAUSE WAS		INJURY Manth, Doy, Ye	or 2	1c. HOW INJURY	OCCURRED (Enter	noture af inj	ury in Port 1 ar	Part 2, Ites	20-	
ER: ertil buld ss. haul	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.									
	ME	21d. INJURY OCCURRED 21e. Pl	ACE OF INJURY (At hame, farm, street,	1	of LOCATION Stre	et or R.F.D. Na.	Ci	ty ar Tawn		County	State
L EXAM ecute th Page 4 ar yaur R: Page ial, crem		AT WORK AT WORK	ory, office bolidin	g, etc.)		11530						
TY DICAL E. ry, please execu- eral directar. Pag- se retained far- RAL DIRECTOR: P priar ta burial,		22a. I certify that I ta	_					Inspection		quiry 🔲	and in m	y opinian
bicase estained director estained birector in to built to	3	death resulted from:	Natural caus	ses X, Accide	nt [_],	Suicide,	Hamicide (letermined r	monner [
please e l directar retained L DIRECT	7	ACTUAL / PELL 1	210	-3+>			HIEF MEDICAL EXA	_		22b. DATE S	ICHED	
UTY, Iry, eral be be Pri		SIGNATURE	Ju.	duc-			SSISTANT MEDICAL DEPUTY MEDICAL EX				1/26/68	
no peputy blase execute the funeral directar. Page 4 5 may be retained far yaur for FuneRAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S Wern	er U. Sp	pitz, M.D.	2		DDRESS(Street, city	_			720700	7-1-0
the Hee	23a	BURIAL, CREMATION, 23b.	DATE	23c. NAME O	CEMETERY	OR CREMATORY		23d. LOCATIO	ON (City or Tow	n) (County) (S	tote)
		REMOVAL (Specify) Burial 10	/29/68			Nat'l (Cem	B:	ltimor	e Md		
NO 41545 (5)		FUNERAL DIRECTOR Ltchell-Wiedefe	d Home	ADDI	RESS		250. REC'D BY			-		
VR A15ME (5)	11.	regrett-wiegerel	d nome-	O JOU TOPK	114-2	1414	DANOV	1 19	68 80	Maril	as Judge	_

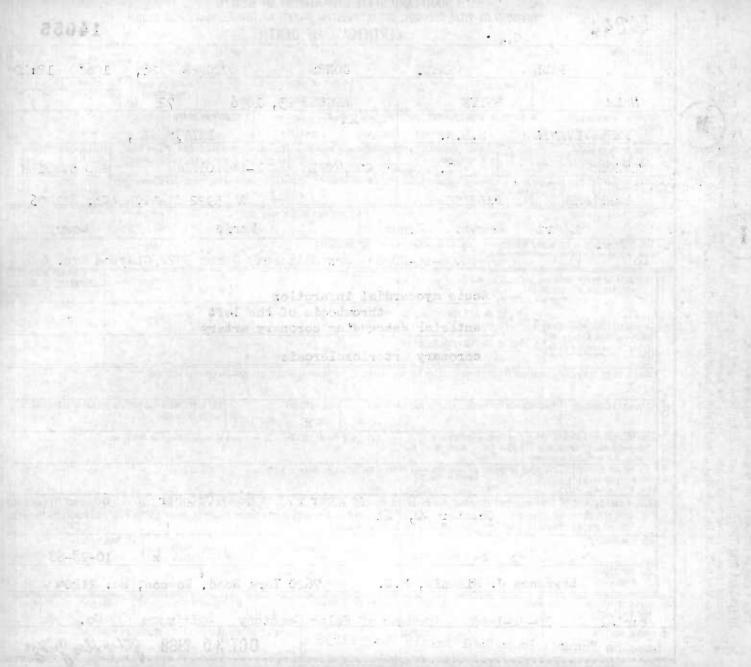


1 1/	Item	20a Film L	BIVISION OF	VITAL RECORDS	301 W PR	FSTON STRE	FT RAITIMOL	LIN RE MARY	(LAND 21201		
1	1	4043	DIVISION OF	VIIAL RECORDS,	CERTIFIC	ATE OF D	EATH	NE, MAN	LAND 21201 .	14053	•
# 12 H	1. DECEASED (Type or			Middle		Lost	20.	. DATE OF D		. V	18: H9UB
r death.		print) Watt		Tyler		hnson	C. C. [7]		October Da	25, 196	8 a.
± 32	3. SEX		4. RACE			S. DATE OF BIRT			5. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
rs a		male		egro			16, 191		last birthday) 58 YRS.		100.00
haur haur	70. BIRTHPL country)	ACE (Stote or foreign	7b. CITIZEN OF W			NEVER MARRI	LUI	UNTY OF D			
24 and in the raper	10.6171.00	Virginia	U. S		WIDOWED			ltimo			M
executed within 24 haurs after death and campletely filled in by the funeral remove carban paper.	Cato	TOWN OF DEATH	give	AME OF HOSPITAL OR IN Street address) GRO	VE STAT	E HOSP.	during mast of LADORS	warking life	(ind of wark done e, even if retired.)	12b. KIND OF INDUSTRY fertil:	BUSINESS OR
amplet ve car event,	130. USUAL admissian)	RESIDENCE (Where deceo: STATE Md •	sed lived, if institut	rian: Residence befare	13c. CITY OR Balt		d. INSIDE CITY LIMITS?		ET AND NUMBER West Mu	pla lberry	nt t.
d co	14. FATHER	S NAME First	Middle	Lost		MOTHER'S MAID	DEN NAME First		Middle		Lost
8 5 5	ECC.	Charle	s C.	Johnson	Celor	Ros	10				
	160. WAS [ECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY		FORMANT		HUIT	Address		
, 4	33726	274 1945	yar or dates of service) Army	217-05-7	464 Re	cords:	SPRING C	ROVE	STATE HO	SPITAL	
The The	18. C	USE OF DEATH (Enter or		ne for (a), (b), ond (c)	.)					APPROX	IMATE INTERVAL ONSET AND DEATH
eath endii nit. ar re		ART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (a)	Myocardi	al In	farcti	on, acu	ate,	death	imme	diate
quires that the death physician. signed by the attendi burial-transit permit. burial, crematian, ar r	14	10.9		AS A CONSEQUENCE OF							
the the sit		ions, if any, which gave immediate cause (a),	(b)	Arterios	clerot	cic, C	ardiova	scul	ar Ht.D	is . 5	yrs.
tho an. by fran	stotin	the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF							
equires tho physician. signed by burial-tran	last.	1201	(c)	Arterios	cleros	sis, G	enerali	zed,	Senile	. 5	yrs.
sign shur phur bur bur	PART	2. OTHER SIGNIFICANT CO							IN PART 1(a)		
ding ding the tra	NO 10. 0	Pulmonary TE OF OPERATION 1196.		ema and		20g. AUTOPS			TO WEDE CINOMINOS	CONCIDENTS IN	TRAISVING
The loaten atten has be see as the price	STIFICA			IICH OPERATION WAS PE		Y550/1/	NO 🛣	CAUSES (ES, WERE FINDINGS (OF DEATH?		EKTIFYING
ar u		CCIDENT WAS UNDERLYING	NG 21b. TIME O TH HOUR A.M.	F INJURY Month Doy Yeor	21c. HO	W INJURY OCCUP	RRED (Enter notu	re of injury	in Port 1 or Port 2,	Item 18.)	
prite ad f	OR (If eith	ONTRIBUTING CAUSE OF DEA er, natify medical exami	ner) P.M.	1	9						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificated and be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-transit permit. Then poshauld be filed with the State Dept. af Health priar to burial, cremation, ar removal,	While			(AT NOME, FARM, STREET, FA OFFICE BUILDING, ETC.					r Town	County	Stote
by therefree be contacted the	22a.	I certify that (4) (th	is haspital) att	ended the deceas	ed from	Dec. 13	, 1960	, ta_ Oc	t. 25, 19	_68_, tha	(I) (wx) la
TTEND Sined OR: A only on the Shift of the S		I certify that (7) (the saw the deceased of causes stated above	olive an(did) e, (1) (see) (did)	publication of view the	bady after d	that in (my) eath.	(ॐr) opinion	death oc	curred on the d	ate and haur	and from th
OR A. OR A. OR A. OR A.	22b. Si	GNATURE	nollh	Mushing	DEGRE	ATTENDING PHYS.	MED.	OR 🗆		DATE SIGNED 10-25-6	8
PITAL moy ERAL I		HYSICIAN'S IAME (Type)	thony J	Young, M.	D.	22e. ADDRE	SS SPRI Balt	ING GI	ROVE STAT	E HOSPI nd 2122	TAL 8
HOS Be 4 UNI	23a. BURIA	L, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR	REMATORY			(City or Town)	(County)	(State)
, 6 9 9 9 9 9 9 9 9 9 9	REMO		-31-68	Chu	roh	Cem.		lestone	eland	Co. U.	A.
			Bailey	ADDRESS	/		Sa. REC'D BY REG		25b. REGISTRAR'S		1977 3
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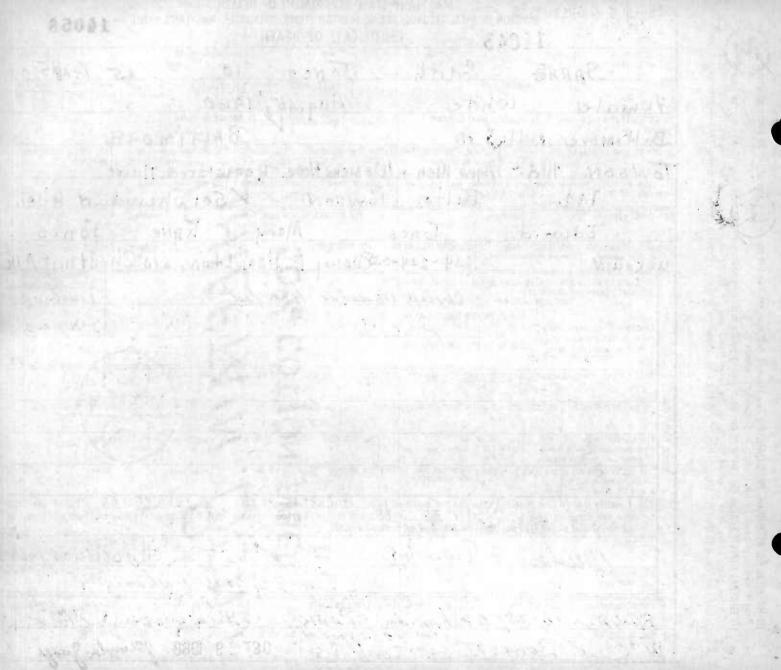
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1			DIVISION OF		D STATE DEPART 301 W. PRESTON S		.TH RE, MARYLAND 21201		
1		14043		· ·	CERTIFICATE OF			4100	,
1		CEASED-NAME Fir		Middle	JONES	20.	DATE OF DEATH Month Do	7 68	2b. HOUR 6:00PM
	MA	LE	4. RACE NEGRO)	S. DATE OF 6/3	BIRTH 196	6. AGE (In years last birthday) YRS.		HOURS MIN
ы	caun	RTHPLACE (State or foreign lry) RTH CAROLINA	7b. CITIZEN OF W	Α.		ORCED BA	UNTY OF DEATH LTIMORE COUNT		Md
	FC	TY OR TOWN OF DEATH RT HOWARD	/ give	street address)		during mast af		12b. KIND OF BUINDUSTRY STEEL	
1	3a. dmi:	USUAL RESIDENCE (Where decension) STATEMARYLANI	osed lived, if institution 13b. COUNTY	tian: Residence befare	BALT IMORE		13e. STREET AND NUMBER 616 Warner	Street	
		ATHER'S NAME First JOHN	Middle	JONES Lost		MAIDEN NAME First		THOMP	Lost SON
	160. Ye	WAS DECEASED EVER IN U.S. A	RMED FORCES?	219 05 O	NO. 17. INFORMANT CLIN . R	ECORDS, V	A HOSPITAL FT		
		IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per l SED BY: DIATE CAUSE (o)	ine for (o), (b), and (c) BRONCHOPN				APPROXIMA BETWEEN CINS	ET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE (b) ARTERIOSCLEROTIC HEART DISEASE					OLD	OLD	
١		stoting the underlying cous	DUE TO, OR		ITUITARY GL			OLD	
ı	~	PART 2. OTHER SIGNIFICANT OF BENTGN PRO				NAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)		
	CERTIFICATION	19o. DATE OF OPERATION 19	b. CONDITION FOR W	HICH OPERATION WAS PI	YES	NO 🗀		ES	TIFYING
	AL	210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF I (If either, notify medicol exo	Miner) HOUR A.M.	. Manth Day Year	9		are of injury in Port 1 or Part 2	?, Item 18.)	
		21d. INJURY OCCURRED 2 While Not while	Te. PLACE OF INJURY		ctory,) 21f. LOCATION St		City ar Town	County	State
١		22a. I certify that (1) (this haspitol) attended the deceosed from 10/1/68, 19, , ta 10/1/68, 19, , that (1) (we) last sow the deceosed olive on 19, , and that in (axy) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (stist sot) view the bady ofter death.							
		22b. SIGNATURE Extend D. Ruccing of Degree Phys. Director							
		22d. PHYSICIAN'S NAME (Type) FRH	ARD J. BU	NYOR, M. D	22e. A	DDRESS VAH FORT H	OWARD, MARYLAI	ND	5510
ı		BUKT (Sprify)	b. DATE 10/11/6	8 BALT	CEMETERY OR CREMATORY IMORE NATION	NAL	BALTIMORE, 1	(County) MARYLAND	(State)
	24.	FUNERAL OTRECTOR C	esala	CHARLES	A RICE FUNI	ER 254 RECD BY REC	BALTIMORE, I	S SIGNATURE	ye.

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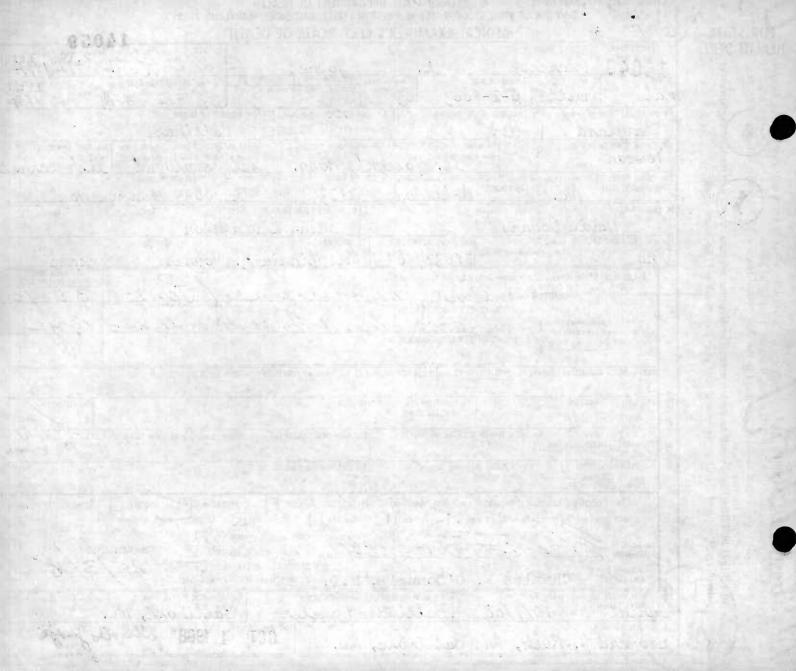
1	13	tems 5 & 6Film Chiliton of VITAL DECORDS 201 W PRESTON STREET PAITMANE MARYLAND 21001	
	1	168 kk 1602 CERTIFICATE OF DEATH	14056
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de and Care		ECEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print)	oy Yeor 2b. HOUR
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ifter le fu	3. S	22. 1070	MONTHS DAYS HOURS MIN.
rs o Pag	نيا	remale White Hug. 15/19/60 78 YRS	
hau hau hau	CON	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
executed within 24 haurs after demonstrate filled in by the first may event, within 72 haurs after	1	Saltimore, U.S.M. WIDOWED DIVORCED BALTIMOR	
completely filled maye carban paper y event, within 77	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
with with with with with with with with	L	outson, ma. Inged men + womens nong Kegistered Time	vse
ple car	13a.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE Was 136. COUNTY Bato 170 VSOV YES NOD 501 Sherr	, , ,
A do s			dan Huer
3 5 5 5	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	lost
d ii		Edward Jones Mary Mane	Jones.
icate sicic plea I, ar	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yos give war or dates at service) 214-244-03 DAISY E. HAMIL FON, 615	01
phy en ava	1		-MEST NUT A-UC
ing ing		1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
end mit.	ı.	IMMEDIATE CAUSE (0) Chichal Visconian accordent	1 mile
he aff		DUE TO, OR AS A CONSEQUENCE OF	0.2//
t the the mail		Conditions, if only, which gave his ta immediate cause (a). (b) HSCUB	2-3 years
tran tran cre		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	Market Printer
equires that the physician. signed by the burial-transit burial, cremat		lost. (c)	
The law requires th attending physician. has been signed by se as the burial-traith priar ta burial, cre		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ding ding the artc	NO	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS	CONCIDEDED IN CERTIFYING
tten tten das has prij	CERTIFICATION	YES NO CAUSES OF DEATH?	CONSIDERED IN CERTIFFING
ar a te h use	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2,	Itam IR)
fica far		I ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH I HOUR A.M. Month Day Yeor	, Nem 16.)
OR ATTENDING PHYSICIAN: be retained by the hospital ar DIRECTOR: After this certificate go 3 should be detached far u led with the State Dept. af Heal	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. While Not while The street of R.F.D. No. City of Town	County State
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NG the care after after the care aft			9.6.8 that (1) (wer) last
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FOR STATE		/8/68 jcp MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05:0
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0000	130.	D. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 15c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 413e. STREET AND WUMBER odmission) STATE 13b. COUNTY Boltimore 21234 YES NO 14 6635 Will comb	a War
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-=		David Joynes Susan Livingston	
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
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± + e		PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certifical writing orworded used os movol, an	TION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
re e fe s	CERTIFICATION	WAS PERFORMED?	YES NO
- 7 =		21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	0 /
NER: T certification of should be should be should should strong artion, or	MEDICAL	CAUSE OF DEATH P.M. 19	remilssion
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DEPUTY SICAL E		death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner	
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O DEPL necesso the fun 5 moy O FUNE Heolth	230	o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
		Burial 10/7/68 Baltimore Cemetery Baltimore, Md	•
NO ASSESSED AS	24.	FUNERAL DIRECTOR ADDRESS 2Sb. PECKAR'S S	ENATURAL STATES
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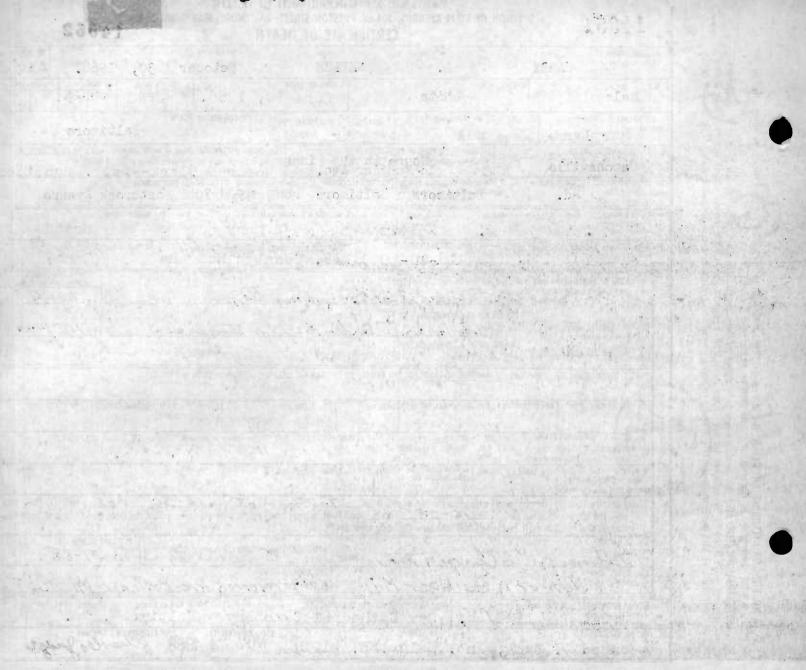
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ICIAN: bital or tificate d for u	MEDICAL CER	or contributingcause of OEATH HOUR A.M. Manth Day Year [If either, notify medical examiner] P.M.	em 18.)
PHYS the host this ce detoche	WE	While Not while of work of work	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remover as should be filed with the State Dept. of Health prior to buriol, cremotian, or removal, and in any even		220. I certify that (I) (this characteristic attended the deceased from June 1958, to Octo, 19 saw the deceased alive on October 28 1968, and that in (my) (application death accurred on the date causes stated above, (I) (did) (did not) view the body after death.	68 , that (I) (368) last e and haur ond fram the
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HOSF ge 4 UNE ector ould	230.	D. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
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VR A15 (2) 30M REV. (2)	24.	FUNERAL DIRECTOR Sol FREDERICK 250. RECID BY REGISTRAR 25b. REGISTRAR'S S DATE NOV 4 1968 Class	Can Judge

14050 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14061 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH (Type ar print) October Her bert within 24 hours after deat Kattenhorn L. 6. AGE (In years last birthdoy) 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER I YEAR OAYS male white Nov. 18, 1897 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED remove carban papers. country) and campletely filled in Md. U. S. WIDOWED [7] DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address)
5 PRING GROVE Catonsville STATE HOSP. 13a, USUAL RESIDENCE (Where deceosed fived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3437 13b. COUNTY YEST NO XXXX Old Frederick Ad. Balto. burial, crematian, or remaval, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last requires that the death certificate be attending physician opermit. Then please 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) Records: SPRING GROVE STATE HOSPITAL 1917-19 220-09-2358 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a)" Canditions, if any, which gave) burial-transit rise ta immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 3 NO [be detached far use State Dept. af Health certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote Caunty While Not while of wark of work 22a. I certify that \$() (this hospital) attended the deceased from Jan. 7, 1900, ta UCt. 20, 1900, that (\$) (we) last saw the deceased alive an Oct. 28 1968, and that in (15) (aur) apinian death accurred an the date and hour and from the O FUNERAL DIRECTOR: causes stoted above. (1) (see) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 10-28-68 DEGREE PHYS. PHYS. director, page should be filed SPRING GROVE STATE HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS Rafael H. Marin, M.D. NAME (Type) Baltimore, Maryland 21228 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) 23o. BURIAL, CREMATION, 23b. DATE Burial (Specify) Balto. Md. Loudon Park Cem. Oct.30,1968 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR DATEOCT 3 1 G. Truman Schwab 3512 Frederick Ave. Balto. Md. 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

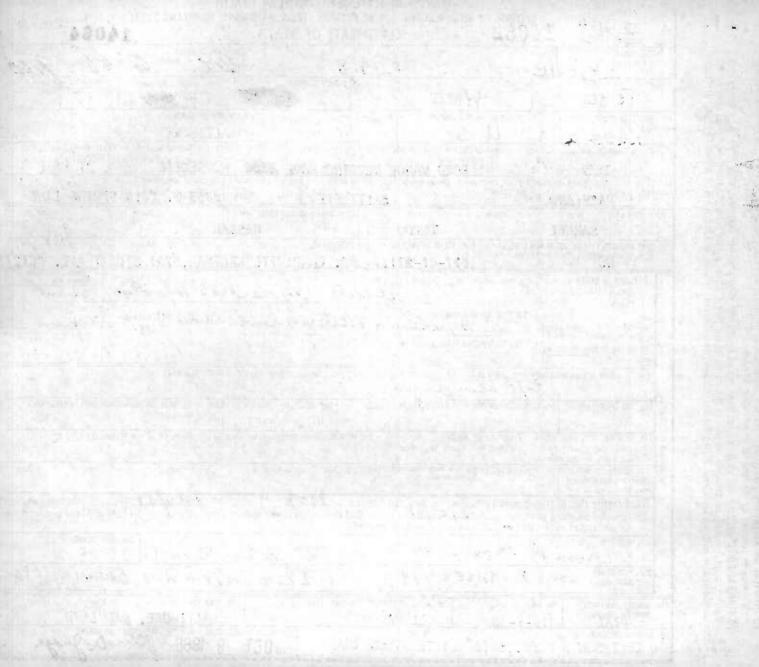
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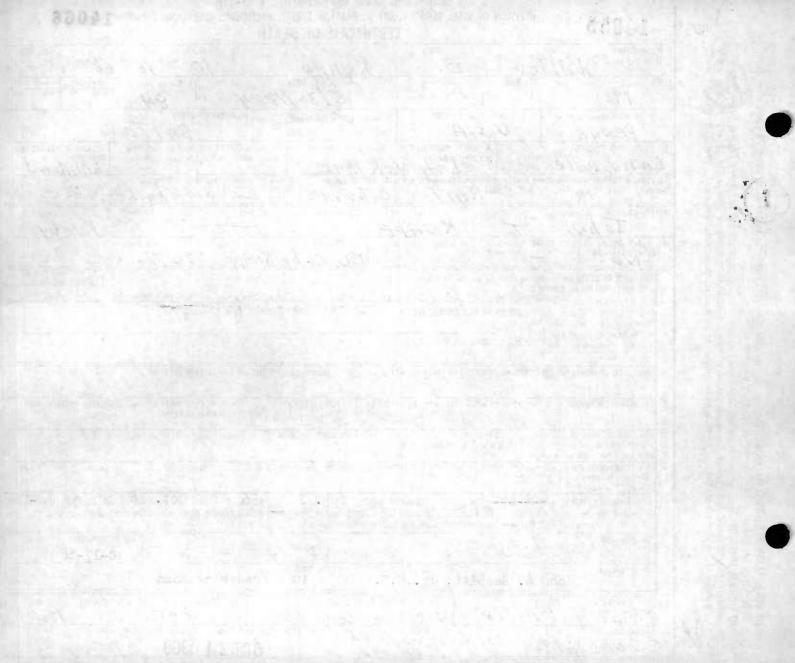


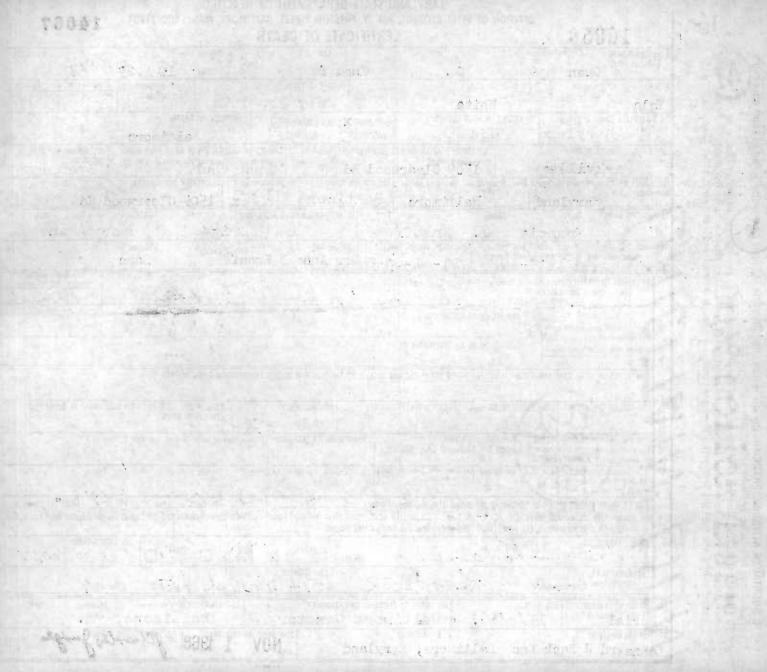
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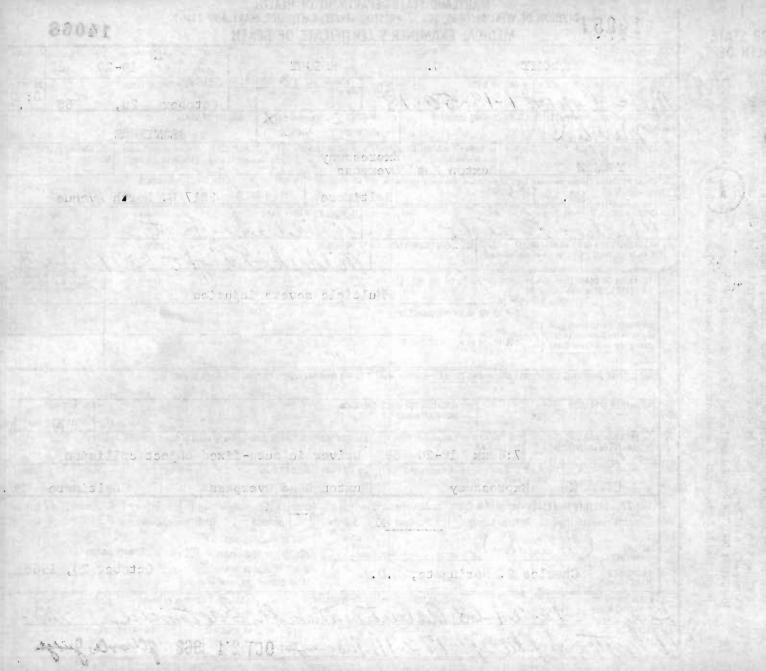


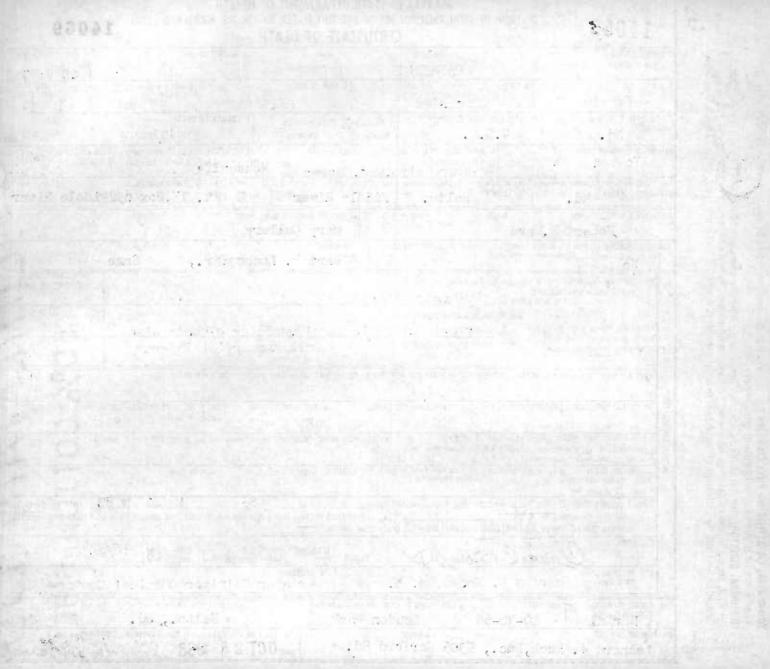
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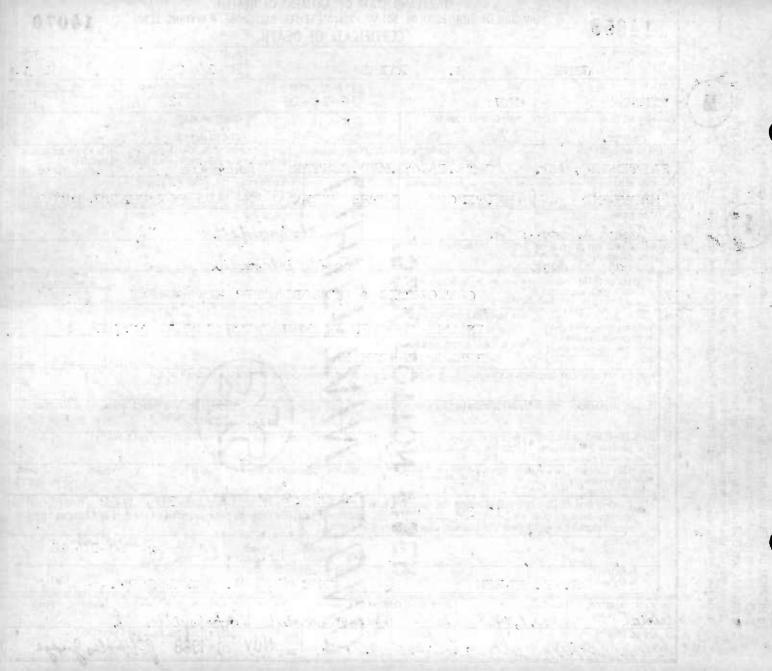




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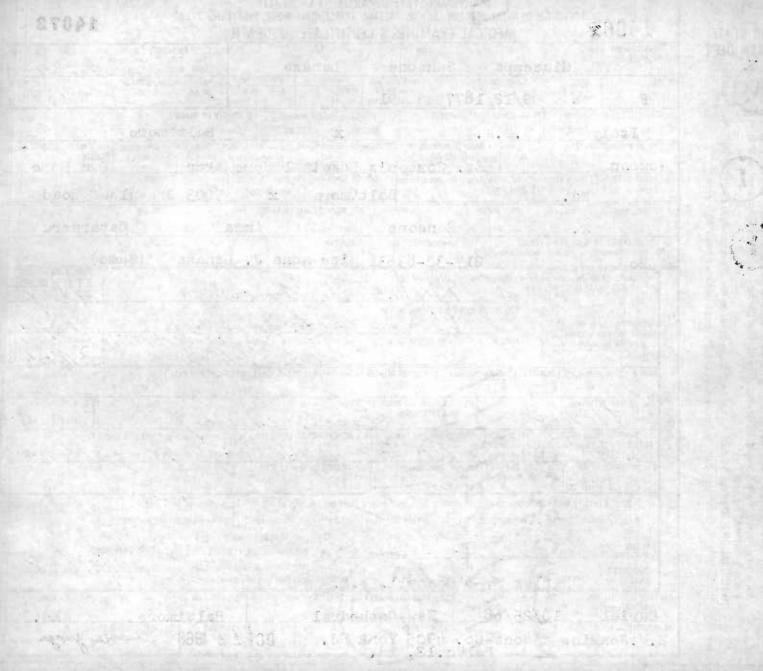






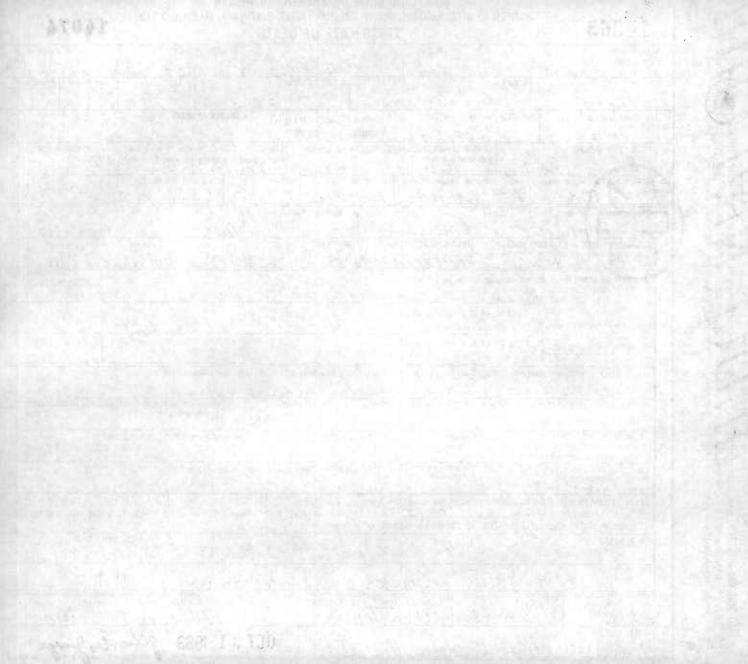
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14072 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) Giuseppa Sansone Lanasa DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD /12/1877 W F 91 yrs clobe 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED & U.S.A. DIVORCED | Baltimore Italv IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR street oddress)
St. Joseph's Hospital Homemaker give street oddress) **INDUSTRY** Home Towson 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 5003 Greenleaf Road Baltimore YES 🔂 NO 🗔 ond 14. FATHER'S NAME Lost Examiner's Office First Middle IS MOTHER'S MAIDEN NAME First Middle Catarnzro Sansone Anna pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (Same) Miss Anna J. Lanasa File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c) be executed permit. BETWEEN ONET AND DEAT forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a). certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse L PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GHVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21br TIME OF INJURY Month, Day, Year HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING TO HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc. NOT WHILE AT WORK FUNERAL DIRECTOR: 22a. I certify that I took charge af the remains described above, beld an Autopsy , Inspection 2. Inquiry and in my apinian death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNET ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO FUN Health **EXAMINER'S** Charles F. O'Donnell, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) New Cathedral Baltimore Md. 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR H.W. Jenkins & Sons Co. York Rd. VR A15ME (5)



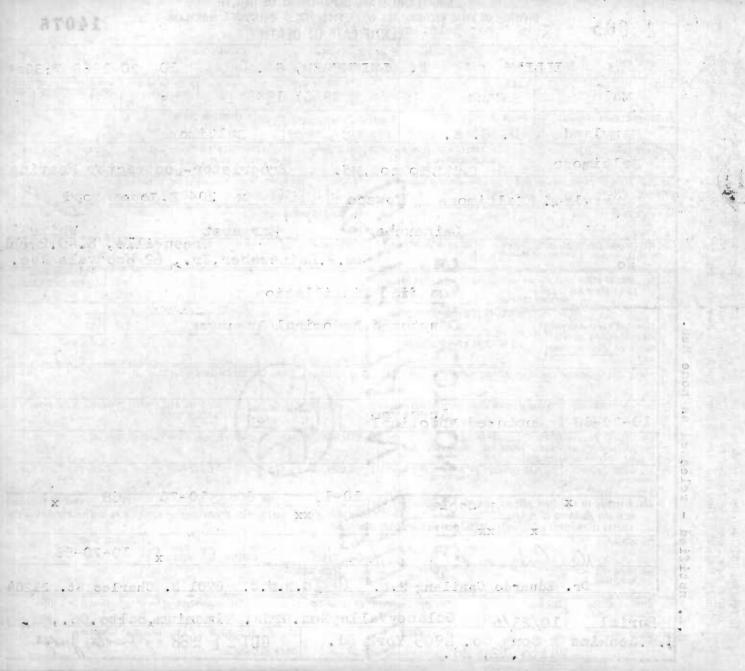
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14075 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Year (Type or Print) RRIZY ESTI-3 to Poge MIAH o DEATH MATED 4. RACE AGE (In years IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 7-12-15 BLACIL 53 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) BALTIMORE WIDOWED DIVORCED [Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a_USUAL OCCUPATION (Kind of work dane | 12b. KIND-OF, BUSINESS OR along with give street address) dung mast of working life eyen if retired.) 13a. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c. CITY OR TOWN admission) STATE 103b. COUNTY MICKLAN NO | tem 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First RUAGKENS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil within (Yes, no, or unknown) (If yes give war or dates of service) NO within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). should be forwarded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ,01COX IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise to immediate cause (a), ony certificote should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval, 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES T 21. HOW NULLY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21g. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge at the remains described above, held an Autopsy ... Inspection / and in my apinian director. Natural causes Accident . Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER the funeral may Heolth 00 RUGA Mont PIE 24. FUNERAL DIRECTOR

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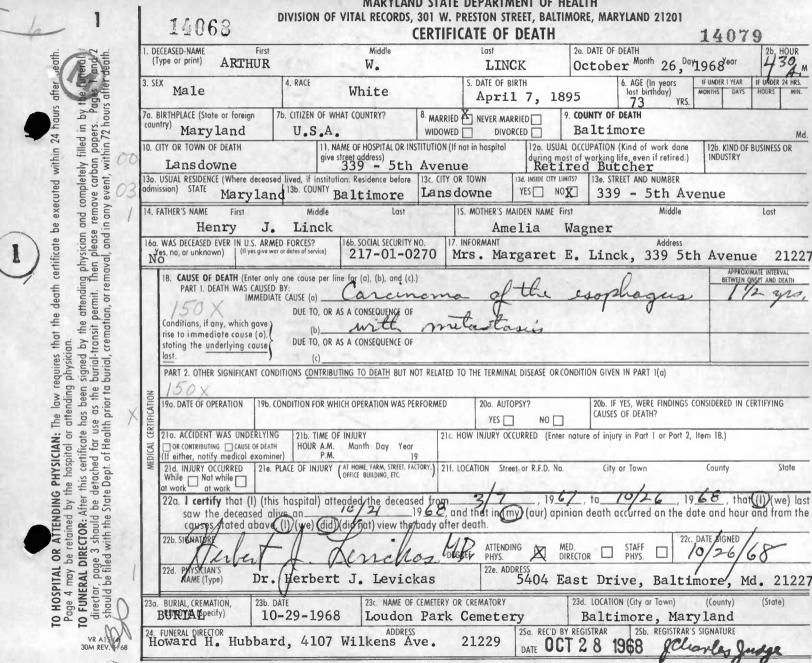
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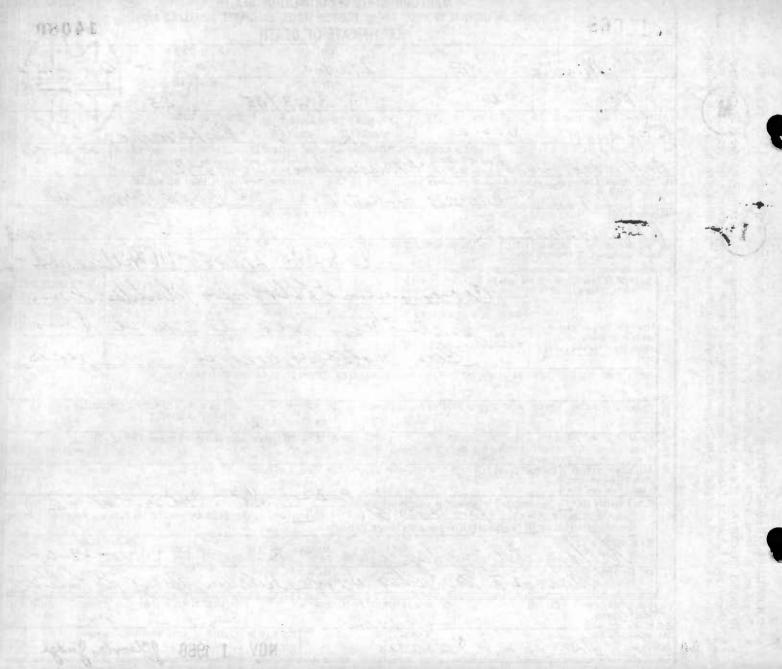
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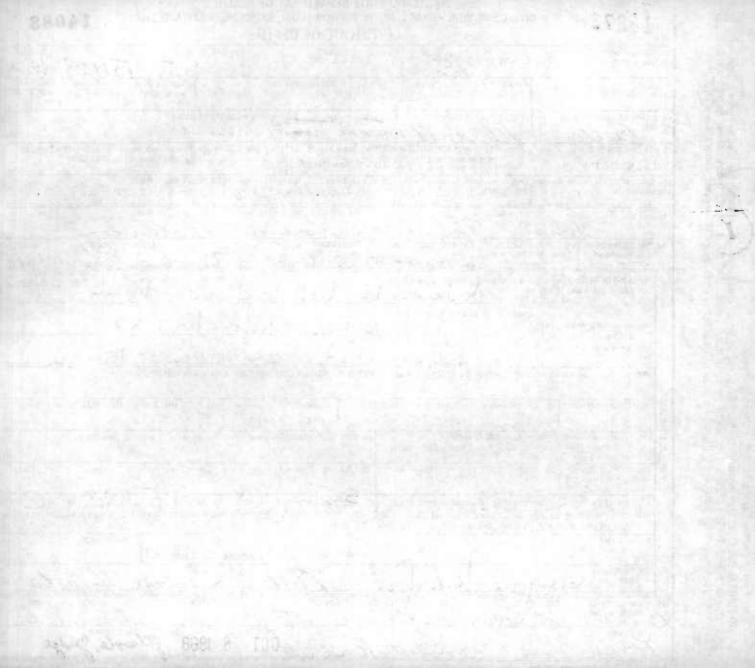
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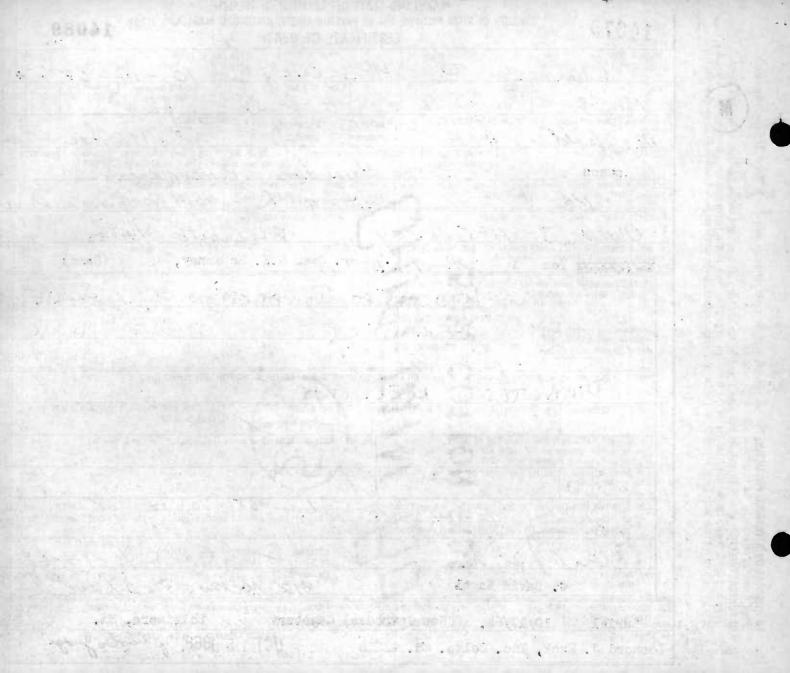
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| 38041                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | THANK TO TRANSPORT               |                  |    |
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| i nom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ASPERT OF BASE OF                | og get Refs      |    |
| part between the Barret                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  | and Male         |    |
| rysidian melon usa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  | ".sk ather       |    |
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| de la constitue de la constitu | e Prespietat Stanfas             |                  |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suffice Stable                   |                  |    |
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| HANDER THE STATE OF THE STATE O | 7 82.12.15 A                     | 83.25.6          |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A Page 12                        | E March B        |    |
| teres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Almo 1938                        | 12 W. T.         |    |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The same of the same of the same | of Late and all  | 23 |
| A 1808 PERSONAL PROPERTY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7.55                             | hours rows and a | ,  |

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 5 Film C405 CERTIFICATE OF DEATH 14087 DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR death. after death funeral I and (Type ar print) ours after 3. SEX 4. RACE 6. AGE (In years HEUNDER 1 YEAR S. DATE OF BIRTH IF UNDER 24 HRS. DAYS HOURS EMALE YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of working life, even if retired.)
Housewife give street oddress) **INDUSTRY** burial, cremotion, or removal, and in any event, with completely remove corbo 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admission) STATE 13b COUNTY Md 200 Providence Rd Towson 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle and pe l Mollie pleose George W Leonard 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknown) [If yes give war or dates of service] physi en pl Edgar H Mathaney 1324 Roxboro Rd 21237 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the burial-tronsit Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) attending hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for un 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical exominer) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from June 1968, to Bot 9, 1968, that (I) (we) last saw the deceased alive on June 1968, and that in (my) (eur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) yiew the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 10/14/68 Garden of Faith Cem Baltimore Md. 1968 REGISTANE SIGNATO 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Lassahn Funeral Home 7401 Belair Rd. 21236 DATE

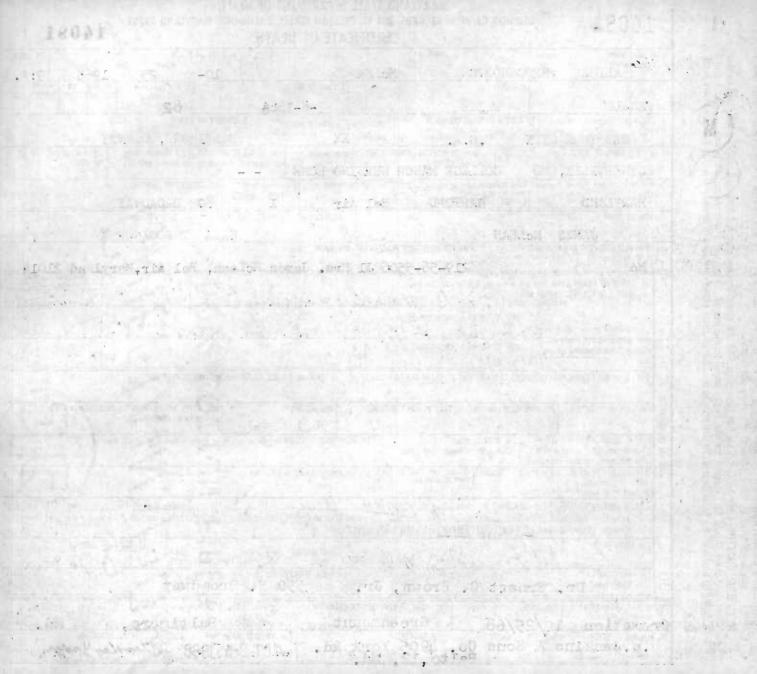
T8041 TESSEL OF LEASETHY REAL PROPERTY EX TORMASG-11 BY TORUS BURNET TOWISH SHAKETHER BAND LICEWOT The construction of the second in the state of th These Frederic we was at the comment Degrand in good decree 2 - 18-27 - 81 - 7-18-21 - 18-21 - E-121 -Armolof Hamily as a second of the second THAT HATES HIS FORESHIPS THE REPORT OF THE PARTY OF THE 



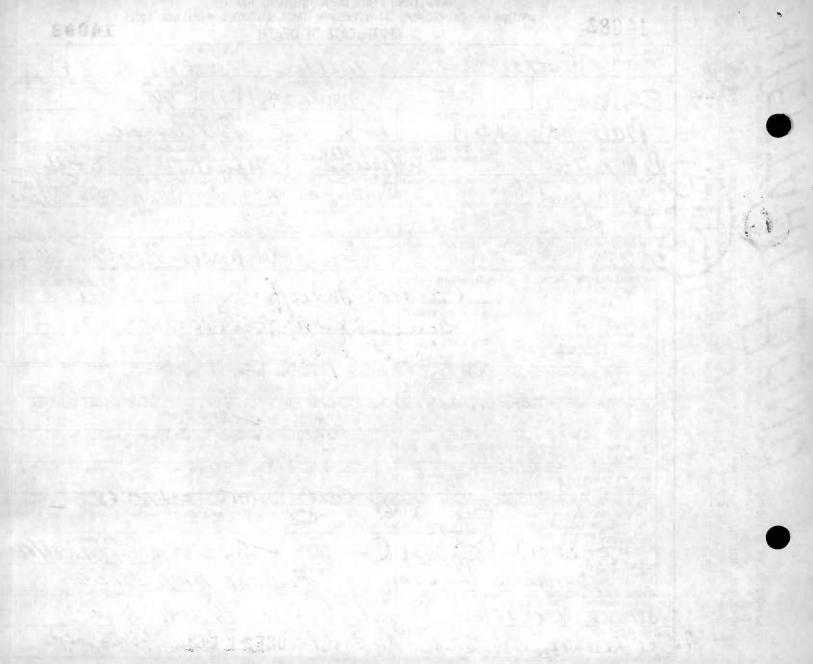


| . 1 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | <b>8</b> 0 Items 23 &                                            |                                                                      | ERTIFICATE OF DEATH                      |                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------|
| -2 - E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | CEASED-NAME First ype or print)                                  | Middle                                                               | Lost                                     | 2a. DATE OF DEATH                                                                                       |
| funerol<br>ond 2<br>er deoth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,            | Car                                                              | l Willia                                                             | m McLain                                 | Month October 5, 1968 p.                                                                                |
| es fur<br>offer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3. SE         | X                                                                | 4. RACE                                                              | S. DATE OF BIRTH                         | AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HR:                                                       |
| a de de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | male                                                             | white                                                                | May 25, 190                              | last birthday)  Months DAYS HOURS MII  7 YRS.                                                           |
| ≥ª 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7o. 8         | BIRTHPLACE (Stote or foreign                                     | 7b. CITIZEN OF WHAT COUNTRY?                                         |                                          | OUNTY OF DEATH                                                                                          |
| (音樂記)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | coun          | Md.                                                              | U.S.                                                                 | WIDOWED DIVORCED                         | Baltimore                                                                                               |
| The first of the second of the |               | ITY OR TOWN OF DEATH atonsville                                  | 11. NAME OF HOSPITAL OR INS<br>give street address)<br>SPRING GROVE  | TITUTION (If not in hospital during mo   | LOCCUPATION (Kind of work done st of working life, even if retired.)  12b. KIND OF BUSINESS OR INDUSTRY |
| ove corbony event, w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _             |                                                                  | ed lived, if institution: Residence before                           | 13c, CITY OR TOWN 13d. INSIDE CITY LIM   | ITEMANCE MAN                                                                                            |
| remotion, or removal, and in any event,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | ssion) STATE                                                     | 18b. COUNTY                                                          | Balto. YES NO                            |                                                                                                         |
| A LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14. F         | ATHER'S NAME First                                               | Middle Last                                                          | 15. MOTHER'S MAIDEN NAME FIR             |                                                                                                         |
| .E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | John                                                             |                                                                      | Joda Louis                               |                                                                                                         |
| puo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | WAS DECEASED EVER IN U.S. ARM                                    |                                                                      |                                          | Address                                                                                                 |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Y             | es, no, ar unknown) (If yes give w                               | ar or dates of service) 213-01-4                                     | 130 Records: SPRIN                       | G GROVE STATE HOSPITAL                                                                                  |
| moval, ond in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | 18. CAUSE OF DEATH (Enter on                                     | y one couse per lipe for (o), (b), and (c).                          |                                          | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                                                            |
| <u>=</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | PART I DEATH WAS CALISE                                          | D BY:<br>TE CAUSE (a) Sion Co                                        | co puemen                                | er. Cor pulluad                                                                                         |
| permit. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | 491X IMMEDIA                                                     | DUE TO, OR AS A CONSEQUENCE OF                                       |                                          | 0                                                                                                       |
| o to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | Conditions, if ony, which gave                                   | (b) advace                                                           | red Vulue                                | nay cruphy sen                                                                                          |
| eme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | rise to immediate cause (a),                                     | DUE TO, OR AS A CONSEQUENCE OF                                       |                                          | 0,111                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | stoting the underlying couse last.                               | and 6                                                                | nmic or                                  | now TTV.                                                                                                |
| buriol,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | PART 2. OTHER SIGNIFICANT COM                                    | IDITIONS CONTRIBUTING TO DEATH BUT NO                                | OT RELATED TO THE TERMINAL DISEASE OR CO | ONDITION GIVEN IN PART 1(a)                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -             | 5020                                                             |                                                                      |                                          |                                                                                                         |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CERTIFICATION | 19a. DATE OF OPERATION 19b.                                      | CONDITION FOR WHICH OPERATION WAS PE                                 | RFORMED 20a. AUTOPSY?                    | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING                                                     |
| State Dept. of Health prior to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SE SE         |                                                                  |                                                                      | YES NO DO                                | CAUSES OF DEATH?                                                                                        |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 21o. ACCIDENT WAS UNDERLYIN                                      | G 21b. TIME OF INJURY                                                | 21c. HOW INJURY OCCURRED (Enter          | nature of injury in Part 1 or Part 2, Item 18.)                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MEDICAL       | DR CONTRIBUTING CAUSE OF DEAT                                    |                                                                      |                                          |                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MED           | (If either, notify medical examination 21d. INJURY OCCURRED 21e. | PLACE OF INJURY (AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. |                                          | City or Town County State                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | While Not while at work at wark                                  | OFFICE BUILDING, ETC.                                                |                                          | Call of War Walley Co.                                                                                  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 22a.   certify that 60 (th                                       | is haspital) attended the decease                                    | ed from Oct - 13 . 19 6                  | 1 , ta Oct. 5 , 19 68 , that 10 (we) In                                                                 |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | saw the deceased a                                               | live an Oct. 5                                                       | 9 68, and that in (my) (Fur) apir        | 1_, taOct5, 19 <u>68</u> , that <b>(</b> (we) longer and have and fram the date and have and fram the   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | causes stated abave                                              | e, (1) (30e) (4td) (did nat) view the                                | bady after death.                        |                                                                                                         |
| ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 22b. SIGNATURE                                                   | muil                                                                 | ATTENDING AM                             | ED. STAFF 22c. DATE SIGNED                                                                              |
| De Illed with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Source Co                                                        |                                                                      | DEGREE PHYS.                             | ED. STAFF D 10/7/68                                                                                     |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 22d. PHYSICIAN'S<br>NAME (Type) Raf                              | ael H. Marin, M.D.                                                   | 22e. ADDRESS SPR                         | timore, Maryland 212 28                                                                                 |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,             | HVIIIr (14he) 1/91                                               |                                                                      |                                          |                                                                                                         |
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| should                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                                                  | V-1/00                                                               | l. Med. School                           | Baltimore, Md.                                                                                          |
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| EV. 1/68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | V             | Newell Funeral                                                   | Home. Pikesville.                                                    | Md. DATE .00                             | IT 1 6 1968 Cliantes Indee                                                                              |

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|    |               | 14086                                                                     |                                             |                                                           | CERTIFIC                          | ATE OF DEATH                   |                          |                                                   | 14096                                               |
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|    |               | CEASED-NAME First<br>ype or print)                                        | TERESA                                      | MILLER                                                    |                                   | Last                           | 2a. DATE O               | Month Do                                          | 2b. HOUI                                            |
|    | 3. SE         |                                                                           | 4. RACE                                     |                                                           |                                   | S. DATE OF BIRTH               |                          | 6. AGE (In years last birthday)                   | IF UNDER 1 YEAR IF UNDER 24 HE MONTHS OAYS HOURS MI |
|    |               | Female                                                                    |                                             | White                                                     |                                   | Nov. 24, 1                     |                          | 82 YRS.                                           |                                                     |
|    | coun          |                                                                           |                                             | . S. A.                                                   | WIDOWED                           |                                | 9. COUNTY O              |                                                   | more Co.,                                           |
| 10 |               | TY OR TOWN OF DEATH                                                       | nive                                        | NAME OF HOSPITAL OR IN<br>e street oddress)<br>deway Mano |                                   | during                         |                          | N (Kind of work done<br>g life, even if retired.) |                                                     |
| 0  | 13o.<br>admi  | tonsville<br>USUAL RESIDENCE (Where deceas<br>ssion) STATE<br>Maryland    | ed lived, if institu                        | ution: Residence before                                   | 13c. CITY OR                      |                                |                          | TREET AND NUMBER 26 Maempel                       | Lane 21223                                          |
| +  | 14. F         | ATHER'S NAME First                                                        | Middle                                      | Last                                                      | 15                                | MOTHER'S MAIDEN NAME           |                          | Middle                                            | Lost                                                |
|    | 16a.<br>Y     | WAS DECEASED EVER IN U.S. ARN es, no or unknown) (If yes give w           | AED FORCES?<br>ar or dates of service)      | 16b. SOCIAL SECURITY                                      |                                   | NFORMANT<br>.dgeway Mano       | r Murei                  | Address No. Home                                  | htonerillo M                                        |
|    |               | 1B. CAUSE OF DEATH (Enter an                                              | y ane cause per                             | line far (a), (b), and (c)                                |                                   |                                |                          |                                                   | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH        |
| 1  |               | PART I. DEATH WAS CAUSED                                                  | BY:<br>TE CAUSE (a)                         | Ceret                                                     | eral                              | 2 Hein                         | one                      | Ren                                               | 1 cle                                               |
| Н  |               | 431,9                                                                     |                                             | AS A CONSEQUENCE OF                                       |                                   |                                | Ante                     |                                                   |                                                     |
|    |               | Canditions, if ony, which gave nise to immediate cause (a),               | (b)                                         |                                                           |                                   |                                |                          |                                                   |                                                     |
|    |               | stating the underlying cause                                              | DUE TO, OR                                  | AS A CONSEQUENCE OF                                       |                                   |                                |                          |                                                   |                                                     |
|    |               | lost.                                                                     | (c)                                         |                                                           |                                   |                                |                          |                                                   |                                                     |
|    |               | PART 2. OTHER SIGNIFICANT CON                                             | DITIONS CONTRIB                             | UTING TO DEATH BUT N                                      | OT RELATED TO                     | THE TERMINAL DISEASE OF        | R CONDITION GIV          | EN IN PART 1(o)                                   |                                                     |
| -1 | NOL           | 190. DATE OF OPERATION 19b.                                               | CONDITION FOR W                             | HICH OPERATION WAS PE                                     | DEUDWED                           | 20a. AUTOPSY?                  | 206.1                    | E YES WEDE EINDINGS                               | CONSIDERED IN CERTIFYING                            |
| X  | CERTIFICATION | TVO. DATE OF OFERATION 175.                                               | CONDITION TOK W                             | THE OTERATION WAS TE                                      | .KI OKIILD                        | YES NO                         | CALIST                   | S OF DEATH?                                       | CONSIDERED IN CERTIFYING                            |
| 1  |               | 21a. ACCIDENT WAS UNDERLYIN                                               | G 21b. TIME (                               | OF INJURY                                                 | 21c. HC                           | W INJURY OCCURRED (En          | _                        | ury in Port 1 or Port 2                           | . Item 18.)                                         |
|    | MEDICAL       | OR CONTRIBUTING CAUSE OF DEAT                                             | HOUR A.M.<br>P.M.                           | . Manth Day Year                                          | 9                                 |                                | -Y - 79                  |                                                   | •                                                   |
|    |               | 21d. INJURY OCCURRED 21e. While Not while                                 | PLACE OF INJURY                             |                                                           |                                   | CATION Street or R.F.D. N      |                          | y or Town                                         | Caunty State                                        |
|    |               | 22a. I certify that (I) (the<br>saw the deceased a<br>causes stated abave | s haspital) at<br>ive an<br>, (I) (we) (did | tended the deceas<br>) (did nat) view the                 | ed from<br>19 and<br>bady after d | that in (my) (aur) a<br>leath. | 6 7, ta_<br>pinian death | accurred an the d                                 | 9, that (I) (we) I<br>late and haur and fram t      |
|    |               | 22b. SIGNATURE                                                            | 100                                         | down                                                      | DEGR                              | ATTENDING PHYS.                | MED. DIRECTOR            | STAFF 220                                         | DATE SIGNED                                         |
| 1  |               | 22d. PHYSICIAN'S<br>NAME (Type) WILL                                      | -I AM                                       | GOODMA                                                    | my Me                             | 220 ADDDECC                    | Suly                     | lon da                                            | N                                                   |
|    | 23a.          | BURIAL, CREMATION, 23b. I<br>REMOVAL (Specify) 10/                        | )ATE<br>9/1968                              | 23c. NAME OF<br>New Cat                                   |                                   | Cemetery                       | Balt                     | ION (City or Town) imore, Md.                     | (County) (Stote)                                    |
| Q  | 24.           | FUNERAL DIRECTOR                                                          |                                             | ADDRESS                                                   |                                   | 2So. RECID                     | BY REGISTRAR             | 2Sb. REGISTRAR                                    | S SIGNATURE                                         |
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MAKTLAND STATE DEPARTMENT OF HEALTH

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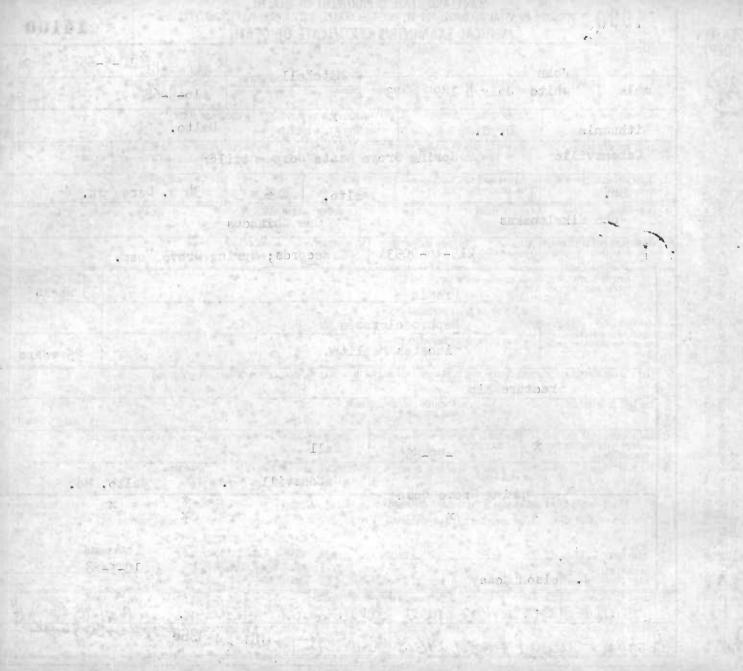
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| Harry Continues |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | .4.8.0                                          |           | BINE YES           |
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|                 | ETHAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | RULLI                                           |           |                    |
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| CHAYA           | ALLET MES, Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Bayr i. dol.    | DONALDING X-                                    |           |                    |
|                 | ROOM TO TRANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                 |           | La RS-19<br>Garage |

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14033 14098 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR (Type or print) October VIOLA MILLS IP.M burial-transit permit. Then please remave carbon papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after 4. RACE 3. SEX 24 haurs after S. DATE OF BIRTH 6. AGE (In years IF UNOFR 1 YEAR IF UNOFR 24 HRS. last birthday) Nov. 14, 1884. OAYS Female White MONTHS 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland Baltimore USA WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Goodview Rd. Parkville during most of working life, even if retired.) INDUSTRY Outed 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATEMd . 13b. COUNTE alto 1704 Goodview Rd. Parkville NO requires that the death certificate be exer 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle John Goldwine Elizabeth Sakaites 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, never unknown) (If yes give war or dates of service) 211-18-6994 Mrs. Margaret L. Shanahan, 1702 Goodview Rd. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave Cornery rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, EARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark of work 22a. I certify that (I) (this haspital) attended the deceased fram \_\_\_\_\_\_\_, 1950, ta\_\_\_\_\_\_, 1960, that (I) (we) last saw the deceased alive an \_\_\_\_\_\_, 1960, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MD ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS. 22e. ADDRESS 8100 Harford Rd., Balto. 34, Md. 22d. PHYSICIAN'S Dr. S. Elliott Harris NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (State) 10/18/68. Moreland Mem. Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR Leonard J. Ruck Inc. 5305 Harford Rd. 30M REV. 1/68

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| 1                                                       |                         | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| de by the funeral peer Cooks I and 2 hours after death. |                         | ECEASED-NAME First Middle Lost Vipe or print) Anna Mitchell 20. DATE OF DEATH OCT Month 12-21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1968 2b. HOUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| after                                                   |                         | ki Female White 7-13-1887 lost birthdoy) YRS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                         | cau                     | BIRTHPLACE (State at foreign notry) Pa. Tb. CITIZEN OF WHAT COUNTRY?  NEVER MARRIED NEVER MARRIED 9. COUNTRY OF DEATH WIDOWED DIVORCED Baltim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ore Md.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 0                                                       | 1                       | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)  12. USUAL OCCUPATION (Kind of wark done during most of warking life, even if retired.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 12b. KIND OF BUSINESS OR<br>INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3                                                       | 13a.<br>adm             | USUAL RESIDENCE (Where deceased lived, if institution: Residence before lissian) STATE 13b. COUNTY Boltz 13c. CITY OR TOWN YES NO 12b. STREET AND NUMBER (1881) 13b. COUNTY Boltz 12b. 12b. COUNTY Boltz 12b. 12b. 12b. 12b. 12b. 12b. 12b. 12b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | R 54.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1                                                       | 14.                     | FATHER'S NAME, First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Heldor Kul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                         |                         | . WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or upknawn) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2                                                       | TIME THE REAL PROPERTY. | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  RYSS AND TEXTS  TEX |
|                                                         | N.                      | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                         | CERTIFICATION           | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DNSIDERED IN CERTIFYING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                         | MEDICAL CET             | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year [16] either, natify medical examiner) P.M. 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tem 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                         | M                       | 21d. INJURY OCCURRED While Nat while at wark  21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) At World at wark  21f. LOCATION Street at R.F.D. Na. City at Tawn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Caunty State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                         |                         | 226. SIGNATURE  226. SIGNATURE  ATTENDING MED. DIRECTOR D | DATE SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                         | 23a.                    | BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (County) (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                         | 24.                     | FUNERAL DIRECTOR  FUNERAL DIRECTOR  ADDRESS  ADD | SIGNATURE /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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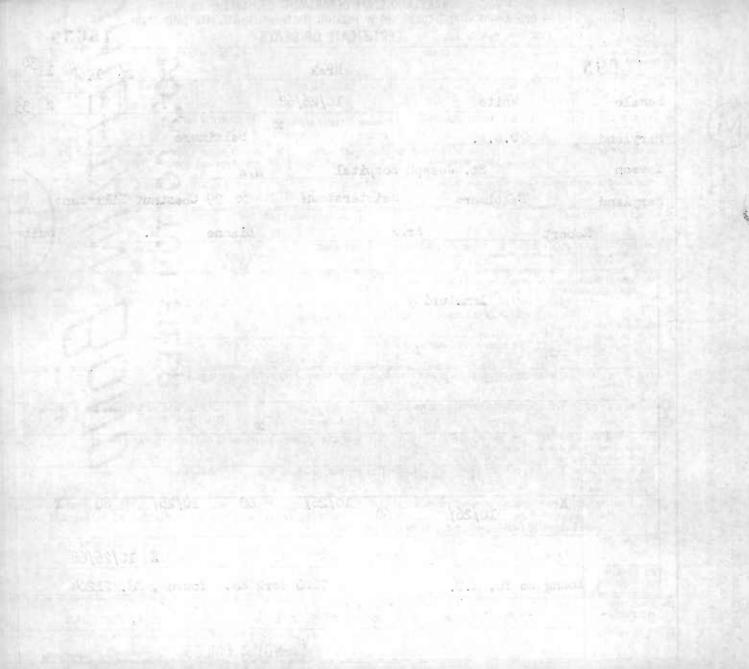
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14102 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle Lost RO. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-MOHR MTI.DRED REGINA DEATH MATED 4 RACE 6. AGE (In years IF LINDER & YEAR IF LINDER 24 HRS 2c DATE PRONOLINGED DEAD 3 SEX S. DATE OF BIRTH Departmen last birthday) Month 51 Female White YRS October 7a. BIRTHPLACE (State at foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH alang with farm (ountry) Baltimore WIDOWED TO DIVORCED U.S.A. BALTIMORE Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give\_street address)
4244 Thorncliff during most of working life, even if retired.) Furlerton (Rural) 24 haurs after death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 4244 Thorncliff Baltimore Fullerton YES NO ecute the certificate, writing the ward "pending" in pencil in Item 1. Page 4 shauld be forwarded to the Chief Medical Examiner's Office and 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Lost First offe Catherine Shellv Kearney haurs John Thomas pages 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 210/18 be executed within Mr. Edward F. Greives Rt#2 Finksburg Md (Yes, no, or unknown) (If yes give war or dates of service) 213-03-6315 File event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Overdose of barbiturate IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (o), any This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO T be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 should ? HOUR A.M. PRIMARY X OR CONTRIBUTING burial, crematian, Took overdose of barbiturates CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.)
Home FUNERAL DIRECTOR: Page AT WORK AT WORK 4244 Thorncliff Baltimore Md. 220. I certify that I took charge of the remains described above, held on Autopsy X. Inspection . Inquiry , ond in my opinion director. Undetermined manner deoth resulted from: Notural sauses Suicide X Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE October 17, 1968 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. Health **EXAMINER'S** May ADDRESS(Street, city, town, or county) NAME (Type) 50 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Parkwood Cemetery Balto. Co Md. Parkvilli. Buria 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1968 Lassahn Funeral Home 7401 Belair Road 21236

MARYLAND STATE DEPARTMENT OF HEALTH

THE CHARLES WE HAVE DO DO THE EXCITED WATER ON THE ATT TO THE LAW. EULFL 000 200 . To print -THE RESERVE OF THE PARTY OF THE . C.a. Ha Chen's win 可以6...例如此 医影性 经发生 化对邻苯甲基苯甲基甲基 . The part of the control of the con C. Paris Comment and Comment of the Entropy Control Control Control Control Control Control There is the first of the start 4101 - 4101

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14094 CERTIFICATE OF DEATH 14104 Middle Last 2a. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR Month 18 (Type or print) Mary Mosner Oct. 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3 SEX last (birthday) temale White October 29. HOURS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED countr Balto. Baltimore WIDOWED TX DIVORCED [ completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work dans 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** Reinterntown Orive 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Reinterntour YES 109 Glundon Drive 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Slade Randolph Alventa Morrison 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Mrs. Edward Hewes Reisterstown, Md. burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for Jay, (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSTOLIENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the te Dept. af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO P TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED tenter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 121e. PLACE OF INJURY (AT-HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. While 10 Not while 10 N City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1965, and that in (my) opinion death accurred an the date and haur and fram the saw the deceased alive an 10 directar, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did not) view the bady after death. **ATTENDING** DIRECTOR 22d PHYSICIAN'S NAME (Tabe 22e. ADDRES MAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE LOCATION (City of Town (County) (State) ltimore Md. pecify) Gilead REGISTRAR'S SIGNATURE VR A15 Sons Reisterstown, Md.

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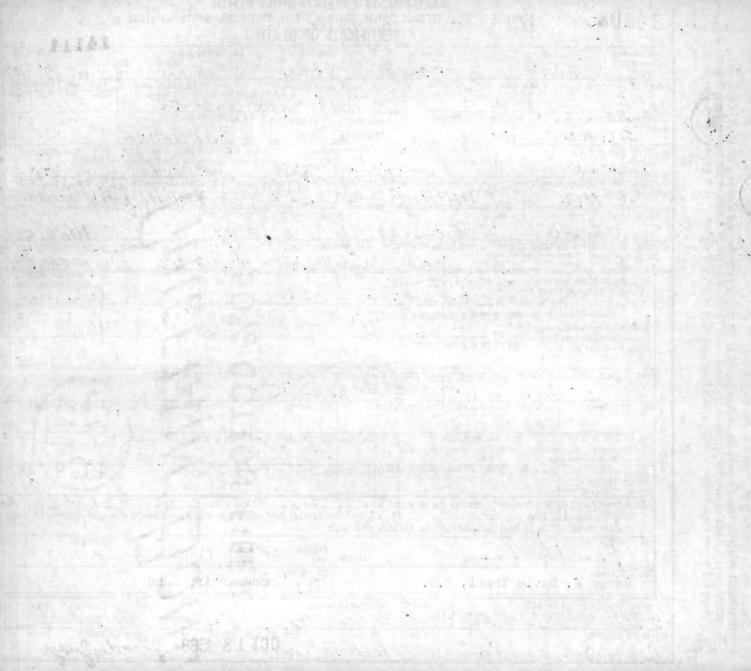
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| in stewarters (for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                |          |                |        |        |  |
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| Line of the control o |                |          | 64             | Eng    | 2.2    |  |
| A DATE OF THE PARTY OF THE PART | respected      | KORO F   | .0 .1          | delet. | 40 -10 |  |
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| 0 1 | MARYLAND STATE DEPARTMENT OF HEALTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 2   | 1 4 0 2 DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|     | CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|     | DECEASED NAME First Middle Lost 2a. DATE OF DEATH  Type or gright  Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| -   | MARY Marcella PACIAN 10 12 68 11:201  SEX 14. RACE   S. DATE OF BIRTH   6. AGE (In years   IF UNDER 17EAR   IF UNDER 24 H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1   | last birthday) Months Day's Hours N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ł   | a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | BALTIMORE U.S.A. WIDOWED DIVORCED BALTIMORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|     | D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| V   | TOWSON give street address) StElla Maris Hospical during most of working life, even if retired.) INDUSTRY NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | 3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 715 AT Lington dmission) STATE 18b. COUNTY 34 14 14 14 14 14 14 14 14 14 14 14 14 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2   | MD. V = 144114944 + 1118 atto. 1132 1101 Melitely / klill H Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1   | 4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1   | 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT // L Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | Yes, na, ar unknown) (If yes give wor or dates of service) NONE StellA MARIS Hospice INC. Towson M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| İ   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 1   | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Belaseral CVA Chrome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|     | DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | Canditions, if any, which gave (b) ASCUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|     | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ı   | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ١   | Carolina of the macra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ı   | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 47  | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 12b. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2 Item 18)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ١   | (If either, natify medical examiner) P.M. 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|     | 21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. Lacation Street or R.F.D. Na. City or Tawn County State  While \( \text{Not Main to the Building, ETC.} \)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|     | While Not while at work at work 1 certify that (1) (this haspital) attended the deceased fram 7 - 26, 1968, ta 16-12, 1968, that (1) (we)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| I   | saw the deceased glive an 10 - 11 19 68 and that in (my) (aur) appinion death accurred an the date and hour and from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ۱   | causes stated above, (1) (we) (did) (did nat) view the bady after death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I   | 22b. SIGNATURE  DEGREE PHYS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| l   | 22d PRISCIAN'S 22e ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|     | NAME (Type) J. David Nagel, M.D. Q12 Mockingbird Lane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| -   | 3a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|     | BEMOVAL BACITY Oct. 15,1968 Mt. Marie Cometery Towson, Maryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|     | 24. FUNERAL DIRECTOR  ADDRESS  
| ĺ   | Som Burns toons 6/0 york Re. DATE 1 10 1000 Junes Junge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



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|               | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | s515.          | 0188       |
|               | o tould fall                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | with the second |                | T MI       |
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| SIS: Ju brand | ene energia de Robi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | to North Ind    |                | 77         |
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|               | 958 a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 0000          | in the name of |            |
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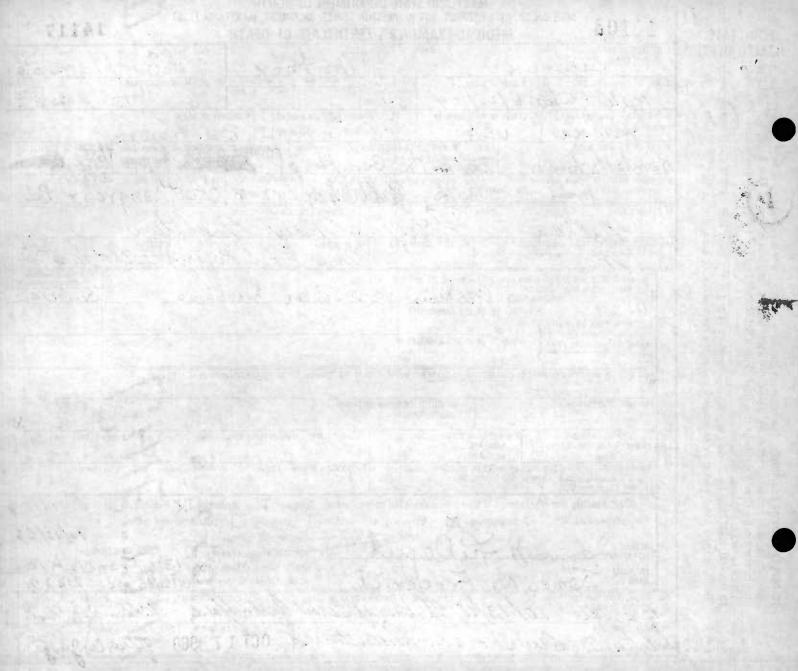
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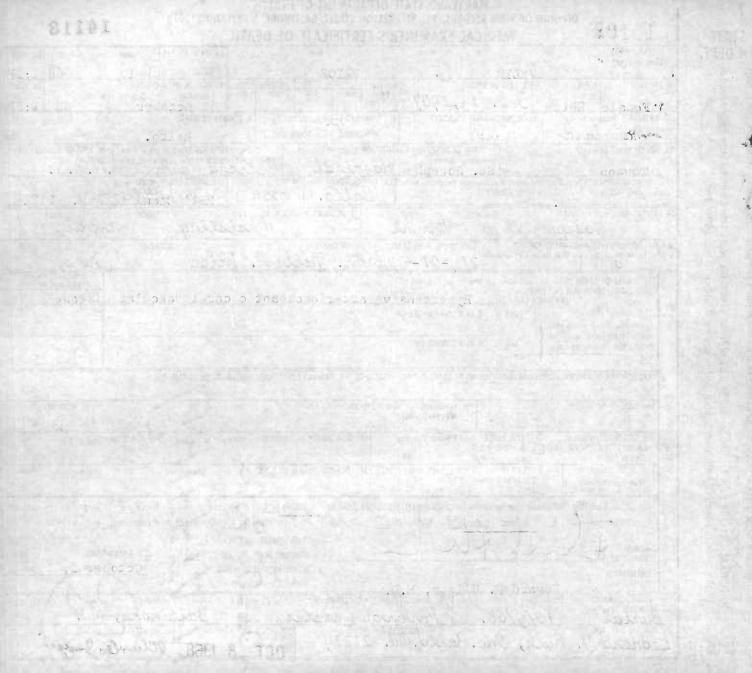
| FOR STATE                                                                                                                                                     | 14115  MEDICAL EXAMINER'S CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
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| HEALTH DEPT.                                                                                                                                                  | 1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month, Day Year. 2b. H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| is of of                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D'N  |
| any delay is 1, 2, and 3 to m PM3. Page Department of                                                                                                         | 3. SEX Male  Vinite  S. Date of Birth Nov. 12, 1900.  6. AGE (in years lif under 1 Year if under 24 Hrs. 22 Date PRONOUNCED DEAD Months Days Hours Min.  Year 1900.  7. Year 1907.  1908.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909.  1909 | OUR  |
| s 1, 2, orm F                                                                                                                                                 | 70. BIRTHPLACE (Stote or foreign Country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M    |
| iter deoth. Give Pages ang with for th the State                                                                                                              | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a. USUAL OCCUPATION (Kind of work dane give street oddress)  15b. Joseph's Hosp during most of working life even if retired.)  17c. USUAL OCCUPATION (Kind of work dane give street oddress)  17c. WINDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | R    |
| olo will                                                                                                                                                      | 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b. COUNTY Beltimore Baltimore 13c. CITY OR TOWN YES NO 3 4613 Ridgeway Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
|                                                                                                                                                               | 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Unknown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| nine nine page                                                                                                                                                | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) (Yes, na, ar unknown) (If yes give war or dates of service) (Same)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| estrin per lin per lin per lin per lin per lin 72 nin 72                                                                                                      | 18. CAUSE OF DEATH (Enter only one cause per lipe tog (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TH   |
| xecutes<br>nding" i<br>Medical<br>permit.                                                                                                                     | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COVERY 2/ Homen the ge Sudden                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |
| be executed pending" ir hief Medical I onsit permit.                                                                                                          | Conditions, if ony, which gove rise to immediate cause (a), (b) The prosenting Selection Cardia Renal 5 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,    |
| certificate should be executed writing the word "pending" in prwarded to the Chief Medical Eused as a burial-transit permit. Finavol, and in any event within | stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENCE OF   CONSEQUENC |      |
| s o and                                                                                                                                                       | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | M    |
|                                                                                                                                                               | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20. AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1    |
| The The The The The The The The The The                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **** |
| EXAMINER: cute the certions oge 4 should your files. Page 3 should tremotion, I, cremotion,                                                                   | G CAUSE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ate  |
| xecur<br>xecur<br>. Pog<br>for<br>oR: P                                                                                                                       | 22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apin death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | niar |
| director<br>director<br>DIREC                                                                                                                                 | CHIEF MEDICAL EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| Y, pli<br>Y, pli<br>erol d<br>erel d<br>XAL D                                                                                                                 | SIGNATURE CONCENTRATE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| o DEPUTY SIC, necessory, please e the funeral director 5 may be retained O FUNERAL DIRECT Health prior to bu                                                  | EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| the F                                                                                                                                                         | 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |
|                                                                                                                                                               | REMUYEAL DIRECTOR  10/9/68. Loudon Park Cometery Baltimore, Md.  24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
| VR A15ME (5)                                                                                                                                                  | Leonard J. Ruck, Inc. Balto.Md. 21214                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |

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|-------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------|------------------------------------------------|---------------------------------------------------------------|
| 614                                       | 77-5          | 14107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DIVISION OF VITAL RECORDS                                  | 301 W. PRESTON STREET, I                  | BALTIMORE, MARYLAND 2                          | 1201                                                          |
|                                           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -00111 20 - 22111 040                                      | ERTIFICATE OF DEA                         |                                                | 14116                                                         |
| 4 -24                                     |               | CEASED-NAME First ype or print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | Last                                      | 2a. DATE OF DEATH Manth                        | Doy Yeor 2b. HOUR                                             |
| er death.<br>I and 2<br>er death.         |               | SIDN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            | POLLACK                                   | OCTOBER                                        | 2. 1968 11 PM                                                 |
| after after                               | 3. SE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. RACE                                                    | S. DATE OF BIRTH                          | 6. AGE (In last birthe                         | years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| haurs of haurs of haurs of                |               | MALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WHITE                                                      | AUGUST 2,                                 | 1922   46                                      | YRS.                                                          |
| 9 9                                       |               | IRTHPLACE (State or fareign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7b. CITIZEN OF WHAT COUNTRY?                               | 8. MARRIED 🔀 NEVER MARRIED 🗌              | 9. COUNTY OF DEATH                             |                                                               |
| Zav                                       |               | GERSTOWN, MD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | U.S.A.                                                     | WIDOWED DIVORCED                          | 1011212110110                                  | Md.                                                           |
| 是                                         | 10. C         | ITY OR TOWN OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 11. NAME OF HOSPITAL OR INS                                | TITUTION (If nat in haspital              | . USUAL OCCUPATION (Kind of wo                 | ork done 12b. KIND OF BUSINESS OR                             |
| 300                                       |               | Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 3416 MERLE                                               |                                           | ing most of working life, even if ELF EMPLOYED |                                                               |
| event,                                    | 13o.          | STATE (noise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 126 COUNTY                                                 |                                           | 13e. STREET AND NL                             |                                                               |
| in any event, with                        |               | MAKYLANL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BALLIMORE                                                  | YES                                       | - JATO MERI                                    |                                                               |
| in any                                    | 14. F         | ATHER'S NAME First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Middle Lost                                                | 15. MOTHER'S MAIDEN N.                    |                                                | Middle Lost                                                   |
| 5                                         |               | FRANK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POLLA                                                      |                                           | ANNA                                           | ?                                                             |
| , and                                     | 160.<br>Y     | WAS DECEASED EVER IN U.S. AR<br>es,,ng, or unknown) (If yes give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MED FORCES? 16b. SOCIAL SECURITY N                         |                                           |                                                | Address                                                       |
| D AC                                      |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | war ar dates of service) W. II                             |                                           | LLACK, 3416 MEH                                | RLE DRIVE #21207                                              |
| ar remava                                 |               | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nly one couse per line for (a), (b), and (c).              | 0 0                                       |                                                | BETWEEN ONSET AND OEATH                                       |
| permit.<br>ian, ar r                      |               | IMMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IATE CAUSE (a)                                             | ry Code                                   | neon                                           | ymmed                                                         |
| sit permit.<br>natian, ar re              |               | 2509                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DUE TO, OR AS A CONSEQUENCE OF                             |                                           | 7                                              |                                                               |
| nat                                       |               | Canditians, if any, which gove rise to immediate cause (a),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (b) (C) ((F)) per                                          | 1 anderion                                | chorus                                         | 5 yrs                                                         |
| burial-transit perr<br>burial, crematian, |               | stating the underlying cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            | 7. 201 11                                 |                                                | 10 100                                                        |
| la,                                       |               | last.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (c)                                                        | clas Mell                                 | Mul                                            | 1/0 2/13                                                      |
| ם ב                                       |               | PART 2. OTHER SIGNIFICANT CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NDITIONS CONTRIBUTING TO DEATH BUT NO                      | OF RELATED TO THE TERMINAL DISEAS         | SE OR CONDITION GIVEN IN PART 1                | a) /                                                          |
|                                           | NOI           | 19g. DATE OF OPERATION 19b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | . CONDITION FOR WHICH OPERATION WAS PE                     | RFORMED 20a. AUTOPSY?                     | JOHN IE VEC MEDE E                             | FINDINGS CONSIDERED IN CERTIFYING                             |
| X                                         | CERTIFICATION | 190. DATE OF OPERATION 190                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | . CONDITION FOR WHICH OPERATION WAS PE                     |                                           | CAUSES OF DEATH?                               | INDINGS CONSIDERED IN CERTIFIING                              |
| / `                                       | ERTI          | 21a. ACCIDENT WAS UNDERLYI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NG 21b. TIME OF INJURY                                     |                                           | (Enter nature of injury in Part 1              | or Part 2 Hom 18)                                             |
| 1                                         |               | OR CONTRIBUTING CAUSE OF DEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TH HOUR A.M. Month Doy Year                                |                                           | (ciner nature of injury in rail 1              | 7 1 1 1 2, 11611 10.)                                         |
|                                           | MEDICAL       | (If either, natify medical exam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | iner) P.M. 19  PLACE OF INJURY (AT HOME, FARM, STREET, FAC | TORY, 1 21f LOCATION Street or R.F.       | .D. No. City or Town                           | County State                                                  |
|                                           |               | 111110 1101 111110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OFFICE BUILDING, ETC.                                      | ) Zii. Loomok Siloor or Kii               | .s. no.                                        | 555.0                                                         |
|                                           |               | 22a   certify that (1) (t)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nis haspital) attended the decease                         | od from au 5                              | 19. 1. to O CA                                 |                                                               |
| 1400                                      |               | saw the deceased of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | alive an Cu. ( SE)                                         | $9/a \gg$ , and that in (m/v) (exception) |                                                | n the date and haur and fram the                              |
| #                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e, (I) (we) (did) (did not) view the                       | bady after death.                         |                                                |                                                               |
| <u> </u>                                  |               | 22b. SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 12.1                                                       | ATTENDING (F                              | MED. STAFF                                     | 22c. DATE SIGNED                                              |
| 0                                         |               | 122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | / cert                                                     | DEGREE PHYS.                              | DIRECTOR L PHYS. L                             | 7                                                             |
| be filed with the                         | 1             | 22d. PHYSICIAN'S<br>NAME (Type) TOUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IND SAUBER                                                 | 22e. ADDRESS<br>6905 F                    | PARK HEIGHTS AVI                               | ENLIE                                                         |
| shauld b                                  | -             | IRVI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                            |                                           |                                                |                                                               |
|                                           | 23a.          | and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th |                                                            | CEMETERY OR CREMATORY  BNAT JACOB LODG    | GE ROSEDALE,                                   | awn) (County) (State)                                         |
|                                           | 24            | FUNERAL DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDRESS                                                    |                                           |                                                | EGISTRAR'S SIGNATURE                                          |
| D                                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BROS., 6010 REISTER                                        |                                           | OCT 7 1968                                     | ycharles Judge                                                |
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14117 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN DR Manth Day (Type or Print) OF ESTIand 3 to Poge 920 L ent 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH DATE PRONOUNCED DEAD HOUR 2, a. P.M3. HOURS Day 13 Year 4 YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b, KIND OF BUSINESS OR 3d, INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CI) 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY and 2 offer 14. FATHER'S NAME Middle 15. MOTHER MAIDEN NAME First pages hours Exominer HOD. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT pencil (If yes give war or dates of service) (Yes, na. ar unknown) File APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH Chief Medical PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF burial-transit pe Canditians, if any, which gave rise ta immediate cause (a), This certificate should any writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause the \_\_ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal CERTIFICATION nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. NO N pe should be 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING MEDICAL HOUR A.M. EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, affice building, etc.) DIRECTOR: Page NOT WHILE I AT WORK AT WORK buriol, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection \ Inquiry ond in my opinion deoth resulted from: Notural couses Accident Suicide Homicide Undetermined monner pleose CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT EXAMINER'S NAME (Type) ADDRESS(Street, city, tawn, ar county) 155 0 23g. BURIAL CREMATION. DATE JOSATION (City or (County) (State) REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68





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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14112 CERTIFICATE OF DEATH 1412 DECEASED-NAME First last 2g. DATE OF DEATH 2b. HOUR death. hours after death. and (Type or print) funeral Detober Catherine 11:55 PM 6. AGE (In years 7 4. RACE 1880 P 3. SEX S. DATE OF BIRTH F UNDER 1 YEAR IF UNDER 24 HRS ages ZHTROM DAYS HOURS p 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ban papers. Maryland 2. Bal USA DIVORCED [ WIDOWED X more 24 ed 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)

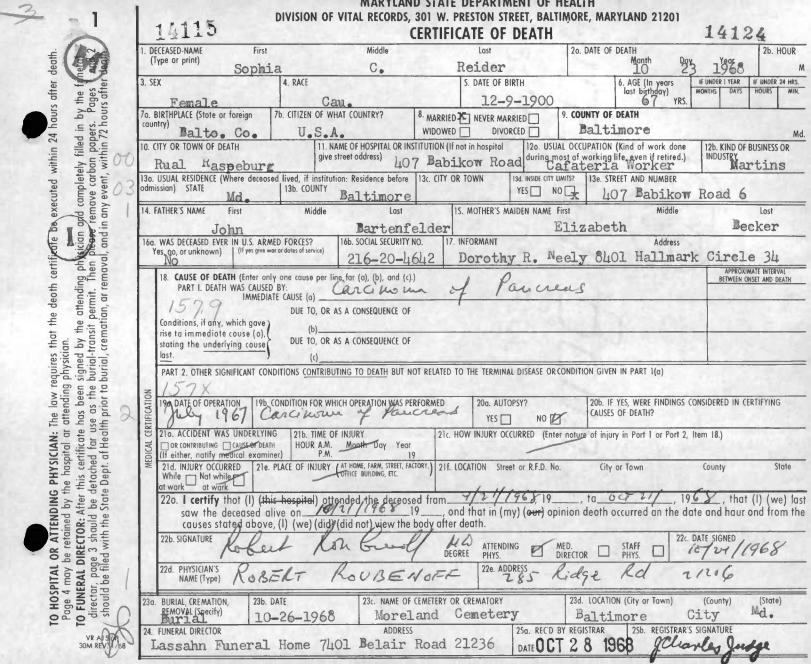
Tormer music teacher give street oddress) **INDUSTRY** E P Upper Falls. Md. attending physician and completely sermit. Then please remave carban Bradshaw Road and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed admission) STATE 13b. COUNTY Md. Balto. YES NOS Bradshaw Upper Falls Road 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle First Last Catherina Lorenz Krieger 16b. SOCIAL SECURITY NO 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war ar dates of service) E. B. Lassiter 642 Charles St. Ave. #21204 crematian, ar remaval, 217-52-7702 18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. neumonitis IMMEDIATE CAUSE (a) arTeriorderosis Conditions, if any, which gove ) burial-transit rise to immediate couse (o), by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause signed l burial, last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the t f Health priar tab Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached f te Dept. af I (If either, notify medical exominer) P.M. State Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. 21d. INIURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from. 10 .... 19.67. ta. 10 31 \_1968, and that in (my) (🎮) apinian death accurred an the date and haur and fram the saw the deceased alive anshauld b filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED M. D. DEGREE ATTENDING STAFF 68 director, page shauld be filed PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Phyllis K. Pullen Box 381 Jerusalem Rd, Kingsville, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION entombment 11/2/68 Lorraine Park Mausoleum Balto. Md. **ADDRESS** 2Sq. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 York Rd. #21212 DATE NOV 30M REV.

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| H 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  14113  CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 122                                                     |
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| death.<br>neral<br>and 2<br>death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2b. HOUR<br>2:30AM                                      |
| by the funeral stranges I and 2 nours after death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. SEX MALE  4. RACE S. DATE OF BIRTH 5/211/91  6. AGE (In yeors last-big-hday) YRS.  4. RACE YRS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |
| 24 hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 70. 8IRTHPLACE (Stote or foreign VI.S.A.  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE COUNTY,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Md.                                                     |
| e executed within 24 and campletely filled remaye carbon paper on any event, within 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FORT HOWARD GYETT ATM. HOSPITAL GHEET METALIFEWORKERED. ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | IND OF BUSINESS OR                                      |
| campleti<br>campleti<br>sove carl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13c. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE MARYLAND 18b. COUNTY 13c. CITY OR TOWN BALTIMORE 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 3916 Dudley Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
| ate be exercion and accelease rema                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle HERMAN RANKE MARY GREENWA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) WW I  16b. SOCIAL SECURITY NO. 17. INFORMANT Mary Ranke (Nee Szebenely) CLIN.RECORDS, VA HOSPITAL FT HOWAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                         |
| equires that the death certific<br>physician.<br>signed by the attending phys<br>burial-transit permit Then<br>burial, crematian, ar removal                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APPROXIMATE INTERVAL<br>TWEEN ONSET AND DEATH<br>RECENT |
| t the dea<br>the atter<br>sit permit<br>nation; ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rice to immediate course (a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OLD                                                     |
| quires that the physician. signed by the burial-transit burial, cremat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF  (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                         |
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| affend attend has be see as it price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERE CAUSES OF DEATH? YES 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D IN CERTIFYING                                         |
| ICLAN:<br>pital ar<br>rtificate<br>d far u<br>of Heal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                         |
| S PHYS the has this cell detache e Dept.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 21d. INJURY OCCURRED 21e. PLACE DF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While at work at work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Stote                                                   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending myskian and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Tagges 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, arretmoval, and in any event, within 72 hours after death. | 220. I certify that (this hospital) attended the deceased from 10/3/68, 19, to 10/4/68, 19, sow the deceased alive an 19, and that in (my) (our) opinion death occurred an the date and courses stated above, (l)c(we) (did) (didpost) view the body after death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | that ( (we) lost<br>haur and fram the                   |
| OR AT.  DIRECTO  Be 3 sho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 22b. SIGNATURE  O 19 O LIBERT MES  DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 22c. DATE SIGN 10/4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | /68                                                     |
| SPITAL<br>4 may<br>4ERAL C<br>or, pog                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 22d PSYSICIAN'S YAME (Type) JOHN D. TALBERT, M. D. 22e. ADDRESS VAH FORT HOWARD, MARYLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |
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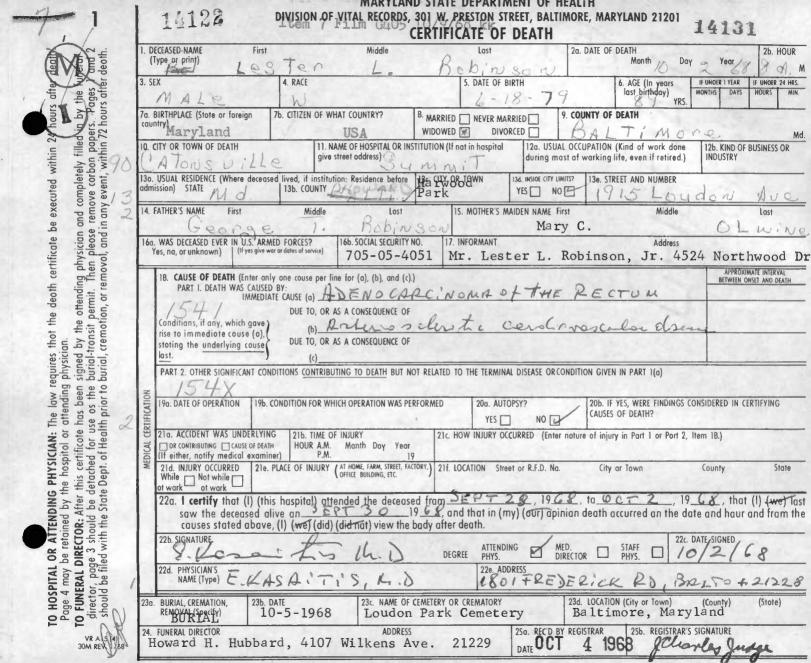
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| HEALTH DEPT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1. 0          | DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Do OF ESTI-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
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| ny deloy<br>2, and 3 t<br>PM3. Pag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3. 3          | last birthday) MONTHS ONYS HOURS MIN. Manth Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | year 19 68 2d. Hour 7 00                         |
| 2, c<br>P.N<br>Port                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7a.           | BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 19 00 21 · M                                     |
| s 1, orm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | caur          | actimore, Md. U.S.A. WIDOWED DIVORCED Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Md.                                              |
| deoth ny deloy deloy deloy deloy we Poges 1, 2, and 3 with form PM3. Provide State Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F 10. (       | LITY OR TOWN OF DEATH TIT. NAME OF HOSPITAL OR INSTITUTION (IT hat in haspital 112a, USUAL OCCUPATION (Kind at work dane 112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b. KIND OF BUSINESS OR                           |
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| hours<br>tremand<br>office<br>offer d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Last                                             |
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| hin 24<br>ncil in<br>niner's<br>poges<br>hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | WAS DECEASED EVER IN U.S. ARMED FORCES?  [6s, na, or unknawn]   (If yes give war or dates of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TATA DOIL                                        |
| with pen xam xam ile p 72 t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ,             | NO MR. JEROME KIRSON, 8533 STEVENSWOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |
| be executed wit<br>"pending" in pe<br>nief Medicol Exar<br>ansit permit:-File<br>event within 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | 18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | APPROXIMATE INTERVAL<br>BETWEEN CINSET AND GEATH |
| xecu<br>ding<br>hedic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | IMMEDIATE CAUSE (o) Interstitial Pneumonitis (SDUI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |
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| ord bord bord any e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | rise to immediate cause (a), (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| should be e<br>ne word "per<br>to the Chief I<br>buriol-transit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | lost. (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |
| This certificate should be executed within 24 hours icate, writing the word "pending" in pencil in Item be forworded to the Chief Medical Examiner's Office I be used as a burial-transit permit-File pages 18ad2 or removal, and in any event within 72 hours after a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                  |
| rriffic<br>rritin<br>vord<br>vord<br>vord,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TION          | 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20. AUTOPSY?                                     |
| e, writification forwor forword emova                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CERTIFICATION | WAS PERFORMED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | YES KX NO                                        |
| =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18.)                                             |
| INER:<br>e cert<br>shoul<br>files.<br>3 shou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MEDICAL       | CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Caunty State                                     |
| cessary, please execute the cert et nered director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremotion,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | WHILE NOT WHILE factory, affice building, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |
| xecute<br>Poge<br>for you<br>OR: Pogrid, cre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 22a. I certify that I took charge of the remains described above, held on Autopsy 📆, Inspection 🔲, Inquiry 🔲,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ond in my opinion                                |
| y, please e; ry, please e; eral director. be retained RAL DIRECTOR prior to bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | death resulted fram: Natural couses XI Accident , Suicide , Homicide , Undetermined manner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 543132                                           |
| please<br>direct<br>direct<br>retaine<br>or to b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | ACTUAL SIGNATURE COLOR SIGNATURE ASSISTANT MEDICAL EXAMINER (X) 22b. DATE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INFD                                             |
| UTY, Derol be be pri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | /8/68                                            |
| ro DEPUTY  necessary, please extended director.  5 may be retained for FUNERAL DIRECTOR.  Health prior to bu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | NAME (Type)  ADDRESS(Street, city, tawn, ar caunty)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |
| 10 mm 20 mm  | 230           | PEMOVAI (Specific)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | aunty) (State)                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |
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MARYLAND STATE DEPARTMENT OF HEALTH adivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14129 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Balto. Co. o. STATE Md. b. COUNTY MARYLAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside porporate limits, write RURAL and give nomest tawn) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give treet polices e. IS RESIDENCE ON A FARM? Route#1, Box 429, Latherville 2.0 Sameas YES NO NAME OF 4 DATE Doy DECEASED RIGGER and campletel EMMA 1968 (Type ar print) DEATH car requires that the death certificate be executed IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years AF UNDER 1 YEAR birthday) Manths Days WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, ar foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY none home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service) 216-14-0390 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute mysicareled infaretun DUE TO Artenesel Protie Candioinscular DISCAS @ (b) Viremia
DUE TO Viral bronchitis 2 dags Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Muxedema NO YES  $\square$ ā 20b. DESCRIBE HOW INJURY OCCURRED. (Enter pature of injury in Port I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINERY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, tCity or lawn (Caunty) (State) 20c. TIME OF INJURY MORH factory, street, office bldg., etc.) Not While 10/27/1968, that (1) (we) last 18/, 19 60, ta 21. I certify that (I) (this hospital) attended the deceased fram\_ 10/26/19 68 and that death accurred at 5:30 AM, fram causes and an the date stated above. saw the deceased alive an\_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. ADDRESS 22d. ADDRESS Pokes ville Medical Center 22c. PHYSICIAN'S -Balto, Hd. 21209 NAME (Type) directar, shauld b 23c. NAME OF CEMELERY OR CREMATOR 23de LOCATION (City or Town) (County) REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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| 专业                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | a de la companya de l |               | Female                                                            | White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | 1                                       | -1-1892                     |                    | last birthday)                | YRS. MONTHS    | DAYS           | HOURS MIN       |
| lurs lurs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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                                                                                              | 70 B          | IRTHPLACE (State or foreign                                       | Th CITIZEN OF WHAT CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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MARRIED NEVE                         |                             | 9. COUNTY OF       |                               | 110.1          | 1              |                 |
| t haur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| n 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | g i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10. C         | TY OR TOWN OF DEATH                                               | III NAME U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HOSPITAL OR INSTI       | TUTION (If nat in has                   | pital 12a. US               | UAL OCCUPATION     | (Kind of work                 | one 12b.       | . KIND OF BU   |                 |
| be executed within 24 haurs after is and completely filled in by the transfer of the property filled in by the transfer of the property is the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the 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                                                                                              | 13a.          | USUAL RESIDENCE (Where decease                                    | d lived, if institution: R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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CITY OR TOWN                       | 13d. INSIDE CITY            | LIMITS? 13e. ST    | REET AND NUMBE                | R              |                |                 |
| ute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8 O. 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COUNTY<br>Balto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | Voodlawn                                | YES                         | NO 1 640           | 08 Waln                       | ut Str         | eet 2          | 1207            |
| o p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14. F         | ATHER'S NAME First                                                | Middle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Last                    |                                         | R'S MAIDEN NAME             |                    | Midd                          |                |                | Lost            |
| and and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| ate la ician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                              | 16a.          | WAS DECEASED EVER IN U.S. ARME                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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INFORMA                          |                             | J. Charles         | Addre                         | ess            |                |                 |
| equires that the death tentificate the physician. signed by the attending physician build that they have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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CAUSE OF DEATH (Enter only                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                         |                             |                    |                               |                | APPROXIMA      | TE INTERVAL     |
| 林 名 第                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _ Ee _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | PART I. DEATH WAS CAUSED                                          | BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | eni - 1                 | e O ti                                  | Hear A                      | Dens               |                               |                | BETWEEN ONSE   | ET AND DEATH    |
| de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| uire<br>nysi<br>gne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | PART 2. OTHER SIGNIFICANT CONE                                    | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | O DEATH BUT NOT         | DELOTED TO THE TE                       | DMINAL DISEASE OF           | PCONDITION GIVE    | N IN PART 1/a)                |                |                |                 |
| req<br>g pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| The law requires th attending physician has been signed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ar to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CERTIFICATION | 19g. DATE OF OPERATION 19b. CO                                    | ONDITION FOR WHICH OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PERATION WAS PERE       | OPMED 200                               | AUTOPSY?                    | 20h II             | YES, WERE FINDI               | NGS CONSIDE    | DED IN CED.    | TIEYING         |
| ne Internition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| T. T. ar o ar o te h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 喜                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CERT          | 21a. ACCIDENT WAS UNDERLYING                                      | 21b. TIME OF INJUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RY                      | 21c. HOW INJU                           |                             | 4                  | ry in Part 1 ar Pa            | ort 2. Item 18 | 3.)            |                 |
| fica fica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 윤                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | OR CONTRIBUTING CAUSE OF DEATH                                    | HOUR A.M. 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| PHYSICIAN: The law requires that the delete haspital ar attending physician. 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| OR ATTENDING PHYSICIAN:<br>be retained by the haspital or<br>DIRECTOR: After this certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | × ±                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | 22b. 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ADDRESS                  | P. J.1             | fr -                          | 10             | er (           | R 143           |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been discours and a developed for use of the page 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| S - 0 0 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | odmission) STATE Md                                       | 136. COUNTY BOSTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Baltimore YES NOx                                                  | 4301 Kolb Ave. 21206                          |
| hour<br>Office<br>after                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14. FATHER'S NAME First                                   | Middle Last                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | Middle Lost                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Verr                                                      | on T. Ruggles S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r. Elsie Ditzel                                                    |                                               |
| hin 24<br>cull in<br>pin 24<br>pages<br>haurs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 160. WAS DECEASED EVER IN U.S. ARI                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | ADDRESS Standard Change                       |
| wit year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (Yes, no or unknown) (If ye                               | s give water doles of service) 214-14-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 691 Mrs. Elsie Hornig                                              | 306 S. Maderia Street                         |
| P .=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18. CAUSE OF DEATH (Ente                                  | r only one couse per line for (o), (b), and (c<br>.USED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | APPROXIMATE INTERVAL  DETWEEN ONSET AND DEATH |
| executed nding; if Medical for permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PART I. DEATH WAS CA                                      | SEDIATE CAUSE (o)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VENTARY VCC                                                        | Ilsion Sudden                                 |
| be eximinet Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4109                                                      | DUE TO, OR AS A CONSEQUENCE O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | F /                                                                |                                               |
| Thie rans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Conditions, if ony, which go<br>rise to immediate couse ( | (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |                                               |
| shauld be e<br>ne ward "per<br>o the Chief I<br>burial-transit<br>I in any ever                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | stating the underlying coulast.                           | DUE TO, OR AS A CONSEQUENCE O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | )F                                                                 |                                               |
| he to the bur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           | , (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                               |
| g t<br>g t<br>ed<br>ed<br>an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PART 2. OTHER SIGNIFICANT C                               | ONDITIONS CONTRIBUTING TO DEATH BUT NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I             | N PART 1(o)                                   |
| is certificative, writing farwarded farwarded e used as a remaval, an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 190. DATE OF OPERATION                                    | 19b. CONDITION FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WHICH OPERATION                                                    | 20. AUTOPSY?                                  |
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| be date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS            | 21b. TIME OF INJURY Month, Doy, Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or 21c. HOW INJURY OCCURRED (Enter noture of injur                 |                                               |
| INER: 1 e certific shauld t files. 3 shauld arian, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           | NG HOUR A.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    | , ,                                           |
| cute the certi<br>age 4 shauld<br>r yaur files.<br>Page 3 shaul<br>I, crematian,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PRIMARY OR CONTRIBUTI CAUSE OF DEATH 21d. INJURY OCCURRED | le. PLACE OF INJURY (At home, form, street,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    | or Town County State                          |
| EXAM<br>ute th<br>nge 4<br>yaur<br>Page<br>crem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WHILE NOT WHILE AT WORK                                   | foctory, office building, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                               |
| 0 5 g /4 .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                           | t Ltoak charge af the remains descrit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | sed obove, held an Autopsy , Inspection                            | Inquiry , and in my opinion                   |
| 3 ° 5 7 1 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | death resulted from                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | termined manner                               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ACTUAL<br>SIGNATURE                                       | erlest the on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ASSISTANT MEDICAL EXAMINER                                         | 22b. DATE SIGNED                              |
| EPUTY essary, p funeral day be r JNERAL lth prid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EVANIMEN'S                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEPUTY MEDICAL EXAMINER                                            | 101/3/68                                      |
| 000 820                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME (Type) Chai                                          | les F. O'Donnell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ADDRESS(Street, city, town, or col                                 | inty)                                         |
| TO D<br>the<br>5 m<br>5 m<br>Hea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 230. BURIAL, CREMATION,                                   | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |                                                                    | (County) (Stote)                              |
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| VR A15ME (5)<br>10M REV. 1/68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Lilly & Zeile:                                            | r Inc. 1901-07 East                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tern Ave. DANGT 14 98                                              | former finds                                  |

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14137 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Day Year (Type artering) ESTI-168 CARL H. SCHNEIDER DEATH MATED 4. RACE IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c DATE PRONOUNCED DEAD pup MT0/16 3/4/29 39 Male White 1968 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Balto., Md. USA WIDOWED DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Steel Co. during most of working life even if retired )
Computer Technician Essex (21221) Avenue (Rural Give 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OF THE LIVE OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore admission) STATE YES NO Balto. 7853 Eastdale Roa after and in Item 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle 350 Charles Schneider Duerr Mary hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? certificate should be executed within writing the word "pending" in pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknown) 20-20-5084 Janice Schneider Korean File 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. OEATH WAS CAUSED BY: within APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊑ should be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 0 21g. EXTERNAL CAUSE WAS ILME OF INJURY Manth Day, Year INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING cremation, EXAMINER: CAUSE OF DEATH 19 21d. INJURY OCCURRED 21f. LOCATION Street of R.F.D. No. City of Town AT WORK FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion be retoined death resulted from: Natural couses \* Accident Suicide L. Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health M. B. Davis. M.D. 6800 Mornington Addiss Dundalk, or Midw 21222 NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) 10/19/68 Oak Lawn Cemetery Baltimore Co., Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home 1407 Eastern Ave. 1968 VR A15ME

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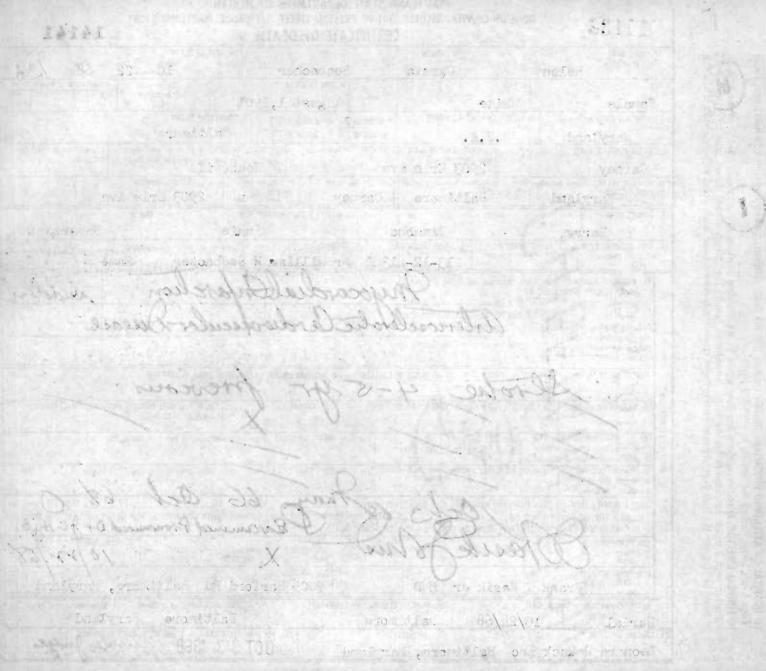
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Yeor (Type or Print) WILLIAM SCHOEBERLETN Poge Deportment of DEATH MATED Iny delay 2, and 3 t PM3. Pog S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF HNOFR 24 HRS 3 SEX 4. RACE 2c. DATE PRONOUNCED DEAD 74 birthday) White June 10,1894. Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Marvland Baltimore. USA WIDOWED [ DIVORCED [ Pages 10. CITY DR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done | 12b. KIND OF BUSINESS OR give street oddres t. Joseph's Hesp. dring most of dorking He avenif relied the Wolfier Towson 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Balto. admission) STATE Md. Balte. 3107 Moreland Avenue YES NO TO and 2 14. FATHER'S NAME First Middle 15 MOTHER'S MAIDEN NAME First Middle be executed within 24 ho "pending" in pencil in Item Schoeberlein Conrad Elizabeth poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) 220-14-6975 Mrs. Anna K. Schoeberlein (Same) APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mona IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate cause (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH DPERATION 20. AUTDPSY? WAS PERFORMED? please execute the certificate, YES 🔽 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Doy, Year 3 should PRIMARY OR CONTRIBUTING EXAMINER: cremotian, 21e. PLACE OF INJURY (At home, form, street, OCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE 22a. I certify that I took charge of the remains described above, beld an Autopsy ... Inspection -Inquiry ond in my opinion death resulted from: Natural causes Accident Suicide [ Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro Fune Health NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county) the 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Baltimore, Md. Parkwood Cemetery 10/10/68. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. Balto. Md. 21214 1968 VR A15ME (SI 10M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH

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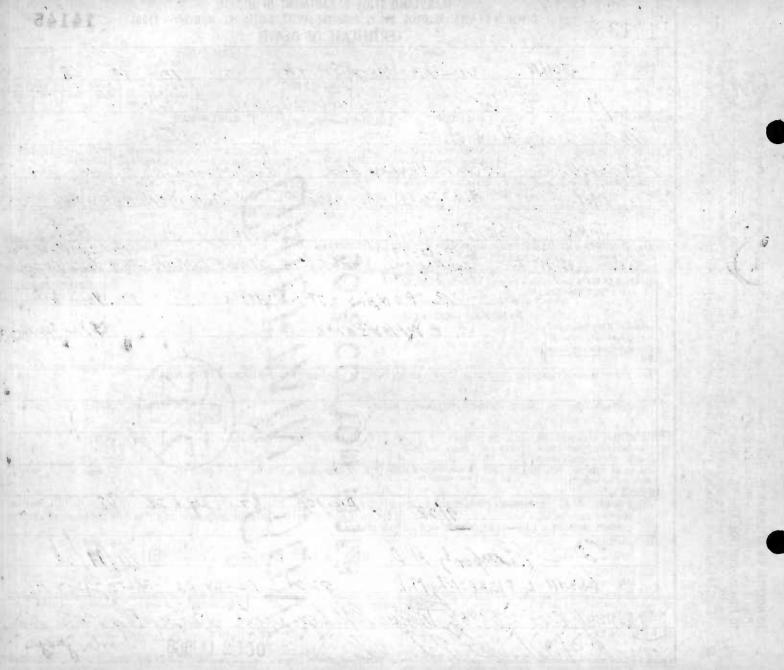


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|                                   | <b></b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| 18                                |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| PSSTS, FURNAN                     | who we will be                        | e (1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |
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| 1                                                                                                                     | road          | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201                                                                                                                                                                                                                             | 14145                                |
|-----------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|                                                                                                                       |               | 14136 CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                              | 11110                                |
| #22= #                                                                                                                | 1. D          | ECEASED-NAME First Middle Last 2a. DATE OF DEATH Type or print) TOWN Manth Day                                                                                                                                                                                                                          | 2b. HOUR                             |
| death<br>and<br>death                                                                                                 |               | VOITH WILLIAM MAROUND MITH 10 19                                                                                                                                                                                                                                                                        | Year M                               |
| affe affe                                                                                                             | 3. SI         | An I last birthday)                                                                                                                                                                                                                                                                                     | MONTHS DAYS HOURS MIN.               |
| by Page<br>Page<br>aurs a                                                                                             | 7a.           | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED THEYER MARRIED 9. COUNTY OF DEATH                                                                                                                                                                                                  |                                      |
| d in Sers. 72 h                                                                                                       | cau           | MA. WIDOWED DIVORCED Agaillip                                                                                                                                                                                                                                                                           | Md.                                  |
| 900                                                                                                                   | 10. (         | CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital during most of warking life, even if retired.)                                                                                                                                                                           | 12b. KIND OF BUSINESS OR<br>INDUSTRY |
| with with the with with with with with with with with                                                                 | 130           | USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, MSIDE CITY LIMITS? 13e, STREET AND NUMBER                                                                                                                                                                | Rds. DIV.                            |
| be executed within on completely fill per remove carbon per in ony event, within                                      | adm           | issian) STATE M. 13b. COUNTY BALTIMORF P. E. S. S. Weet AND NOMER 204 M. CHENRAL                                                                                                                                                                                                                        | ERV AVE                              |
| ond coremon                                                                                                           | 14.           | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle                                                                                                                                                                                                                                   | Last                                 |
|                                                                                                                       |               | JOHN ROBERT SMITH CARRIE A.                                                                                                                                                                                                                                                                             | BATES                                |
| 9 6 6                                                                                                                 |               | WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, na, or unknawn)  (il yys give wer or dates of service)   ikewille 8, me                       |
| th certif                                                                                                             | F             | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),                                                                                                                                                                                                                                | APPROXIMATE INTERVAL                 |
|                                                                                                                       |               | PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a)                                                                                                                                                                                                                                                       | BETWEEN ONSET AND DEATH              |
| attendi<br>permit.                                                                                                    |               | DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                                                                                                                                                          |                                      |
| the the sit the mati                                                                                                  |               | Canditions, if any, which gave rise to immediate cause (a), (b) EMPHYSEMA                                                                                                                                                                                                                               | In approxy                           |
| s the cion. d by transfer                                                                                             |               | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                                                                                                                             | 2-9                                  |
| requires that the death of physicion.  I signed by the attendin by buriol-transit permit.  Souriol, cremation, or re  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)                                                                                                                                                                      |                                      |
| law rec<br>nding p<br>been s<br>s the b<br>ior to b                                                                   | N             | 4201                                                                                                                                                                                                                                                                                                    |                                      |
| 0 0 0 D                                                                                                               | CERTIFICATION | 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CO                                                                                                                                                                                     | DNSIDERED IN CERTIFYING              |
| # B 4 set 2                                                                                                           | ERTIF         | 21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1                                                                                                                                                                            | 4 10.1                               |
| - 2 4 - 2                                                                                                             | MEDICAL (     | OR CONTRIBUTING CAUSE OF ORATH (If either, natify medical examiner)  HOUR A.M. Manth Day Year 19                                                                                                                                                                                                        | rem 16.)                             |
| S PHYSICIAN:<br>the hospital on<br>this certificate<br>deroched for u<br>e Dept. of Hea                               | MED           | 21d INILIRY OCCURRED 21e PLACE OF INILIRY / AT HOME FARM STREET, EACTORY 1 21f LOCATION Street or P. E.D. No.                                                                                                                                                                                           | County State                         |
|                                                                                                                       |               | at work at work                                                                                                                                                                                                                                                                                         |                                      |
| TTENDING<br>bined by th<br>OR: After to<br>ould be do                                                                 |               | 22a. I certify that (I) (this hospital) attended the deceased from 1967, 1967, ta 36, 19                                                                                                                                                                                                                | te and hour and from the             |
| OR: A could be the                                                                                                    |               | saw the deceased alive an                                                                                                                                                                                                                                                                               |                                      |
| OR ATTEND<br>be retoined<br>DIRECTOR: A<br>e 3 should<br>ed with the                                                  |               | ATTENDING MED. C STAFF C                                                                                                                                                                                                                                                                                | PATE SIGNED                          |
| AL Oy be L Dil                                                                                                        |               | 22d. PHYSICIAN'S 22e. ADDRESS                                                                                                                                                                                                                                                                           | 19/00                                |
| SPIT.<br>4 mc<br>IERA<br>ar, P                                                                                        |               |                                                                                                                                                                                                                                                                                                         | 0,21207 40.                          |
| FO HOSPITAL OR ATTEND Page 4 moy be retoined O FUNERAL DIRECTOR: A director, page 3 should should be filed with the S | 23a.          | BURIAL TREMATION, 235-DATE 237 NAME OF CEMETERY OF TREMATORY 280 LOCATION (City of Town)                                                                                                                                                                                                                | (County) (State)                     |
| 2 2 3                                                                                                                 |               | annial til. 23,100 h) null republished brushed                                                                                                                                                                                                                                                          | SIGNATURE                            |
| 30M REV_1/68                                                                                                          | 9             | Frank H. Newell Vikerill 8 Martin OCT 2 1 1968. John                                                                                                                                                                                                                                                    | mes judge                            |



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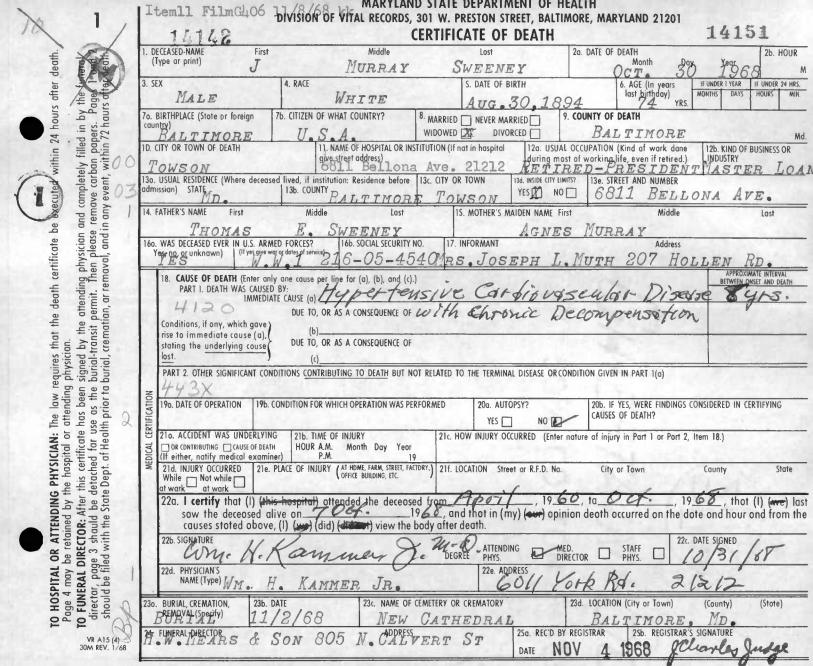
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| 1                                                                                                                                                                                    | MARYLAND STATE DEPARTMENT OF HEALTH  1 1 2 9 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 14148                           |
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| FOR STATE                                                                                                                                                                            | MEDICAL EXAMINER'S CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14140                           |
| HEALTH DEPT.                                                                                                                                                                         | 1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Doy Yeor 2b. HOUR               |
| is of the second                                                                                                                                                                     | DEATH MATEU LOC /CAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |
| Jny delay<br>1, dint 3<br>m PMS Po<br>Department                                                                                                                                     | 3. SEX 4. RACE S. DATE OF BIRTH 7/24/1902 6. AGE In years if UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Doy North Do | Yeor 19 GO A M                  |
| Dod o                                                                                                                                                                                | 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3 2 2                           |
|                                                                                                                                                                                      | Country) N.Y. U.S.A. WIDOWED DIVORCED Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | mu.                             |
| after deoth.  8 Give Pages 1, dlong with form with the Stote De                                                                                                                      | 10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol life, over if regired.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2b. KIND OF BUSINESS OR NDUSTRY |
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| hours after deoth. Item 18 Give Pages Office dong with for                                                                                                                           | odmission) STATE Md.   13b. COUNTY Balto. Balto.34   YES   NO   9101 Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Bridge Rd.                      |
| hours<br>I lond 2                                                                                                                                                                    | 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Lost                            |
| 2 5                                                                                                                                                                                  | Thomas Steele Edith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Heorrell                        |
| hin 2<br>ncil vi<br>miner s<br>poges<br>hours                                                                                                                                        | 160. WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10                              |
| within pencily xamine iile pog                                                                                                                                                       | Yes WWII 242-09-3414A Mrs.M.Annabelle Steele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Same)                          |
| should be executed with a word "pending" in perior the Chief Medical Example. File buriol-transit permit. File I in ony event within 72                                              | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), god (c).) PART I, DEATH WAS CAUSED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BETWEEN ONSET AND OFATH         |
| e execute pending" ef Medical ssit permit.                                                                                                                                           | 410 9 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Court !                         |
| be e inef I                                                                                                                                                                          | Conditions, if ony, which gove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |
| world I would I would I would I the Ch                                                                                                                                               | rise to immediate couse (o).  Stoting the underlying couse DUE TD, DR AS A CONSEQUENCE DF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |
| sho sho in our                                                                                                                                                                       | lost. (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |
| o → +                                                                                                                                                                                | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |
| Certificat<br>writing<br>rworded<br>sed os o                                                                                                                                         | 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20. AUTOPSY?                    |
|                                                                                                                                                                                      | 190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Doy, Yeor  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Itel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | YES ND                          |
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| INER: T<br>INER: T<br>should b<br>files.<br>3 should<br>artion, or                                                                                                                   | CAUSE OF DEATH P.M. 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Contract Contract               |
|                                                                                                                                                                                      | WHILE NOT WHILE foctory, office building, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County Stote                    |
| DEPUTY COICAL EXAMINER: cessory, please execute the certifier of director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriol, cremation, | 22a. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , and in my apinian             |
| CAL exe exe or. P d fo                                                                                                                                                               | death resulted from Natural causes Accident Suicide Hamicide Undetermined manner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , and in my apinion             |
| pleose e l director retained                                                                                                                                                         | CHIEF MEDICAL EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11                              |
| ry, ple<br>erol di<br>be refr<br>RAL DI<br>prior                                                                                                                                     | SIGNATURE SIGNATURE CONTROL ASSISTANT MEDICAL EXAMINER 226-DATE S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | JENED /                         |
| EPUTY<br>SSSOTY, F<br>funerol<br>by be r<br>INERAL<br>th pric                                                                                                                        | EXAMINER'S  NAME (Type) Charles F Of Donnell M D ADDRESS(Street, city, town, or county)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 768                             |
| TO DEPUTY necessory, the funers 5 may be TO FUNERA Health pr                                                                                                                         | NAME (Type) Charles F. O'Donnell, M.D./ ADDRESS(Street, city, town, or county)  230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (County) (State)                |
| =                                                                                                                                                                                    | Removal (specify) Burial 10/26/68 Crumpton Church Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Md.                             |
| and a                                                                                                                                                                                | Burial 10/26/66 Crumpton Church H111  24. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd.  DATE OCT 23 1968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | IGNATUR ( 100ge                 |
| VR A15ME 150                                                                                                                                                                         | H.W. Jenkins & Sons Co. 4905 fork Rd.  Balto 12. Md.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                               |

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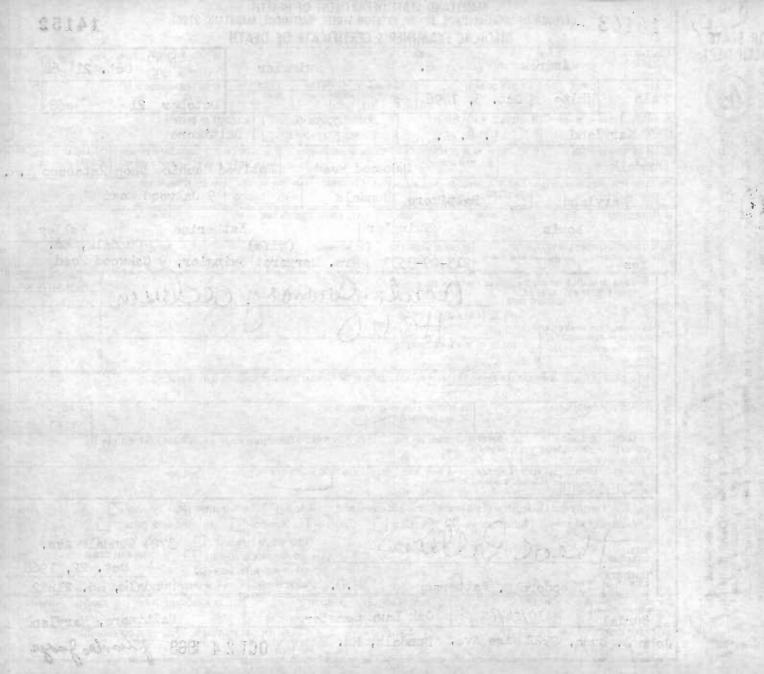
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14152 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day 2b. HOUR Year (Type or Print) Andrew OF ESTI-G. Swingler Oct. 21 1968 2 DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White Oct. 3, 1896 MARRIED X NEVER MARRIED 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Maryland U. S. A. Baltimore DIVORCED ( WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Retired Machine Shop NDUSTRY Patapsco R.R. Dundalk Oakwood Road 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Baltimore admission) STATE Dundalk Oakwood Road YES NO X ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Louis Swingler Katherine Kellev hours in pencil ii ADDRESS Dundalk, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wile) This certificate should be executed within (Yes\_no, ar unknawn) Mrs. Margaret Swingler, 9 Oakwood Road 3-09-3537 es File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH event within 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise to immediate cause (a), pleose execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO PC 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town Caunty State factory, affice building, etc.) WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy ... Inquiry [X] Inspection X and in my opinion deoth resulted from: Notural sauses Accident Suicide Homicide Undetermined monner 3724 Dundalk Ave. CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Oct. 22, 1968 DEPUTY MEDICAL EXAMINER 5 moy b ro FUNER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) Dundalk. Md. 21222 Theodore C. Patterson NAME (Type) M.D. 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) Oak Lawn Cemetery Baltimore, Maryland Burial 24. FUNERAL DIRECTOR Dundalk. Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. VR ATSME 10M REV. 1.



|                                                                                                          | 1             | 47478                                                          |                                                                                         |                  | PARIMENT OF HEA             |                                                                 |                                                        |
|----------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------|-----------------------------|-----------------------------------------------------------------|--------------------------------------------------------|
| ar                                                                                                       |               | 16144                                                          | DIVISION OF VITAL RECORDS,                                                              |                  | TE OF DEATH                 | UKE, MARTLAND 21201                                             | 14153                                                  |
| 2 = 10                                                                                                   | 1. D          | ECEASED-NAME First                                             | Middle                                                                                  | LICHITCA         |                             | 2a. DATE OF DEATH                                               | L2b. HOUR                                              |
| n papers. Pages I and 2<br>ithin 72 bours after death.                                                   |               | ype or print) Anth                                             |                                                                                         | ico Toris        |                             | October 6,                                                      | 1968 D. M                                              |
| ter                                                                                                      | 3. SE         | X                                                              | 4. RACE                                                                                 | S.               | DATE OF BIRTH               | 6. AGE (In years last birthday)                                 | IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN |
| 3                                                                                                        | L             | male                                                           | white                                                                                   |                  | Sept. 1, 1                  | 906. 62 YRS.                                                    | MONTHS ONTS HOURS MIN                                  |
| 1                                                                                                        |               |                                                                | 7b. CITIZEN OF WHAT COUNTRY?                                                            |                  | MEASK MAKKIED -             | COUNTY OF DEATH                                                 |                                                        |
| 1                                                                                                        |               | renna.                                                         | U.S.                                                                                    | WIDOWED _        | DIVORCED _                  | Baltimore                                                       | Md.                                                    |
| 10                                                                                                       |               | Catonsville                                                    | 11. NAME OF HOSPITAL OR INS<br>give street address)<br>SPRING GROVE                     | STATE H          | IOSP. during most cler      | CCUPATION (Kind af wark dane of working life, even if retired.) | 12b. KIND OF BUSINESS OR INDUSTRY Insurance            |
| 30                                                                                                       | 13o.<br>adm   | USUAL RESIDENCE (Where decease ission) STATE Md •              | d lived, if institution: Residence before                                               | 13c. CITY OR TO  | VEC NO.                     | . / 22                                                          | akewood Ave.                                           |
| 4                                                                                                        | 14.           | ATHER'S NAME First                                             | Middle Lost                                                                             | 15. M            | OTHER'S MAIDEN NAME First   | Middle                                                          | Lost                                                   |
| 5                                                                                                        |               |                                                                | Tablixico Talla                                                                         |                  |                             | não Vincenza t                                                  | Inania                                                 |
|                                                                                                          | 160.          | es/no or unknown) (If yes give war                             | or dates of senure)                                                                     |                  |                             | Address                                                         |                                                        |
|                                                                                                          | =             |                                                                | None                                                                                    |                  | cords: SPRIN                | G GROVE STATE H                                                 | OSPITAL<br>APPROXIMATE INTERVAL                        |
|                                                                                                          | 18            |                                                                | one cause per line for (a), (b), and (c).                                               |                  | . 7                         |                                                                 | BETWEEN ONSET AND OEATH                                |
| should be filed with the State Dept. of Health prior to buriol, cremotion, or remavol, and in any event, |               | IMMEDIAT                                                       | E CAUSE (a) PULMON                                                                      | ary embo         | olism, bilate               | ral_                                                            | 10 min.                                                |
| buriol, cremotion                                                                                        |               | Conditions, if ony, which gove)                                | DUE TO, OR AS A CONSEQUENCE OF                                                          |                  |                             |                                                                 |                                                        |
| emo                                                                                                      |               | rise to immediate cause (a),<br>stoting the underlying couse   | DUE TO, OR AS A CONSEQUENCE OF                                                          |                  |                             |                                                                 |                                                        |
|                                                                                                          |               | last.                                                          | (c)                                                                                     |                  |                             |                                                                 |                                                        |
|                                                                                                          |               | PART 2. OTHER SIGNIFICANT CONE                                 | OITIONS CONTRIBUTING TO DEATH BUT NO                                                    | OT RELATED TO TH | IE TERMINAL DISEASE OR COND | DITION GIVEN IN PART 1(a)                                       |                                                        |
|                                                                                                          | No            | 465X                                                           |                                                                                         | E 3 7 1          |                             |                                                                 |                                                        |
| 1                                                                                                        | CERTIFICATION | 190. DATE OF OPERATION 19b. C                                  | ONDITION FOR WHICH OPERATION WAS PE                                                     | RFORMED          | 20o. AUTOPSY?               | 20b. IF YES, WERE FINDINGS CO                                   | ONSIDERED IN CERTIFYING                                |
| - 4                                                                                                      | ERTIF         | 21a. ACCIDENT WAS UNDERLYING                                   | THE THE OF INDIDY                                                                       | Int. HOW         | YES NO                      | iture of injury in Part 1 or Part 2,                            | No. 10)                                                |
|                                                                                                          |               | OR CONTRIBUTING CAUSE OF DEATH                                 | HOUR A.M. Month Day Year                                                                | 123              | INJURY OCCURRED (Enter no   | nure at injury in ran 1 ar ran 2, 1                             | rem 10.)                                               |
|                                                                                                          | MEDICAL       | (If either, natify medical exomine 21d. INJURY OCCURRED 21e. F | PLACE OF INJURY (AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC.                    |                  | ION Street or R.F.D. No.    | City ar Town                                                    | County State                                           |
|                                                                                                          |               | William Holl willing                                           |                                                                                         |                  |                             |                                                                 |                                                        |
|                                                                                                          | 119           | 220. I certify that (this                                      | haspital) attended the decease<br>ve on Oct. 6 1<br>(1) (vac)(abist) (did not) view the | ed fram Ar       | ril 14 , 19 32              | _, to Oct . 6 , 19                                              | 68 , that ₹ (we) last                                  |
|                                                                                                          |               | sow the deceased oli                                           | ve on Oct. 6                                                                            | 968 , and th     | not in (not) (our) opinio   | on deoth occurred on the da                                     | ite and hour ond from the                              |
|                                                                                                          |               | 22b. SIGNATURE                                                 | (1) (Wexplust) (did not view the                                                        | body dijer ded   | IFII.                       | 220                                                             | DATE SIGNED                                            |
|                                                                                                          |               | 1-A++2                                                         | the // Millings                                                                         | DEGREE           | ATTENDING MED.              | CTOR STAFF                                                      | 10-7-68                                                |
| ,                                                                                                        |               | 22d. PHYSICIAN'S                                               | 111111                                                                                  |                  | 22e. ADDRESS SPHING         | G GROVE STATE HO                                                |                                                        |
|                                                                                                          |               | NAME (Type)                                                    | ithony J. Young, A                                                                      |                  |                             | more, Maryland                                                  | 21228                                                  |
|                                                                                                          | 230           | BURIAL, CREMATION, 23b. D. REMOVAL (Specify) /                 |                                                                                         | CEMETERY OR CRE  |                             | 3d. LOCATION (City or Town)                                     | (County) (Stote)                                       |
| 0                                                                                                        | 04            | FUNERAL DIRECTOR                                               | 110/68. HOLY 1                                                                          | Redeeme          | 2Sa. REC'D BY R             | Baltimore,                                                      | , Md.                                                  |
| 68                                                                                                       | /             | conard J. Ruc                                                  |                                                                                         | d. 2121          |                             | 8 1968 Clian                                                    | les Judge                                              |
| 89/1/A                                                                                                   | Same?         | - CIEDLON / 1 1 COLL                                           |                                                                                         |                  | / UARC U                    | - 1000 //                                                       | - 0 0                                                  |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14155

CERTIFICATE OF DEATH First . DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) October 11 Day William M. TAYLOR 1968 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF LINDER 24 HRS last birthday) DAYS Male White June 23-1902 HOURS YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country)Virginia USA WIDOWED [ DIVORCED [ Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) en Hospital during mast af warking life, even if retired.) **INDUSTRY** Baltimore Butcher 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STAFaryland 136 COUNTY Baltimore YES NO 541 Benninghaus Rd. #21212 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Charles R. Taylor Alice Bristow 16b. SOCIAL SECURITY NO. 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknawn) Bertha B. Taylor 217-05-0097 Wife: same War 11 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: Massive myocardial infarction 0 IMMEDIATE CAUSE (a) signed by the otter buriol-transit permi burial, cremation, o coronary thrombosis. DUE TO MIKACO CHANGE CHARGE Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗆 YES K 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (# (this hospital) attended the deceased from 10-5- , 19 68 , ta 10-11 . that A) (we) last 10-11 19 68, and that in (our) opinion death accurred an the date and hour and from the saw the deceased olive an\_\_\_\_ causes stoted obave, (1) (we) (did) (did not) view the body after deoth.

22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING □ October 11, 1968 DEGREE 22d. PHYSICIAN'S Ines Cilliania M.D. 7620 York Road, Towson, Md. 21204 NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL CREMATION. REMOVAL (Specify) Harmony Grove Baptist Church Urbana, Va. Oct. 15&68

VR A15 (4) 30M REV. 1/68

director, poge S

TO FUNERAL DIRECTOR: After this certificate has been

be retained

the

**EUNERAL DIRECTOR** 

2Sa. REC'D BY REGISTRAR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE Balto. Md. Eugenia K. Seitz 5209 York Road 1968 Soits Funeral Home Baltimore, Mc

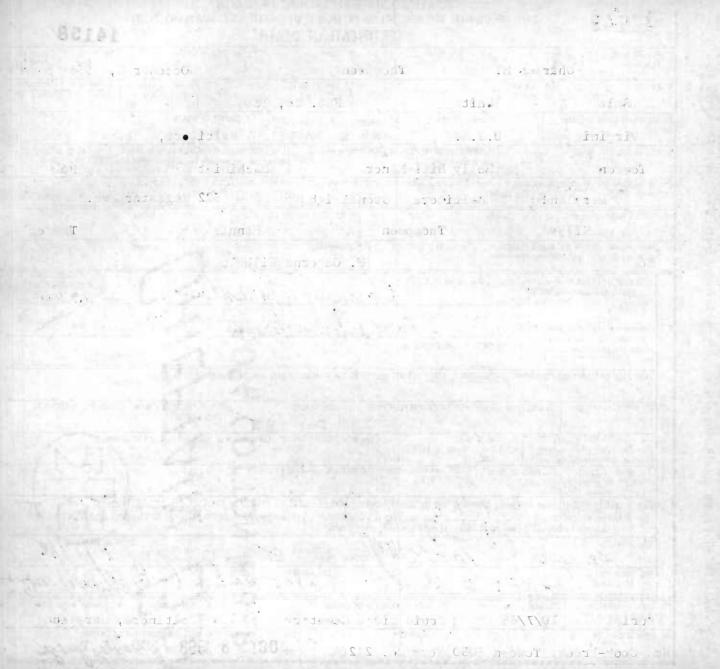
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| 1                                                                                                               | Item                     | 10 FilmG406                                                                                                                | DIVISION OF                                | VITAL RECORDS.                                                    | 301 W. PR                 | FSTON ST                | REET, BALTIMOI                  | .In<br>RE, MARYLAND 212                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 201                             |                                              |                        |
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| 0                                                                                                               | 141                      | 148                                                                                                                        |                                            |                                                                   | CERTIFICA                 | ATE OF                  | DEATH                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14                              | 157                                          |                        |
| Uneral<br>I and 2<br>or death.                                                                                  | 1. DECEASED<br>(Type or  |                                                                                                                            | nard                                       | Middle<br>H .                                                     | Thor                      | lost<br>mpson           | Sr. 20.                         | DATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | r <sup>D</sup> <b>2</b> 8, 1    |                                              | b. HOUR                |
| affer a affer a saffer a                                                                                        | 3. SEX                   | Male                                                                                                                       | 4. RACE Wh                                 | nite                                                              |                           | S. DATE OF B            | IRTH<br>e 24, 190               | 6. AGE (In year log birthday)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | YRS. IF UNDER                   | DAYS HOUR                                    | DER 24 HRS.<br>RS MIN. |
| 4 hours                                                                                                         | 7o. BIRTHPL country)     | ACE (Stote or foreign yland                                                                                                | 76. CITIZEN OF WHA                         | AT COUNTRY?                                                       | 8. MARRIED WIDOWED        |                         | RRIED 9. CO                     | UNTY OF DEATH Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                              | Md                     |
| executed within 24 id completely filled i amove carban pape any event, within 72                                | 10. CITY OR TOW          | TOWN OF DEATH                                                                                                              | 11. NA/<br>give st                         | ME OF HOSPITAL OR IN                                              | stitution (If no nton Roa | t in hospitol<br>ad 212 | OL during V1st of               | UPATION (Kind of work<br>working life, even if ret                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | done 12b. I                     | KIND OF BUSINE                               | ESS OR                 |
| orphletely with event, with                                                                                     | 130. USUAL<br>odmission) | RESIDENCE (Where dece<br>STATE Md.                                                                                         |                                            | n: Residence before Balto.                                        | 13c. CITY OR              | TOWN                    | 13d. INSIDE CITY LIMITS? YES NO | 13e. STREET AND NUME<br>8204 Thor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | oad                                          |                        |
| 5 .5                                                                                                            | 14. FATHER'              | NAME First  Joseph                                                                                                         |                                            | Lost<br>Thompson                                                  | 1                         | MOTHER'S M              | AIDEN NAME First Anna           | Mic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ldie                            | Mille                                        |                        |
| physician<br>physician<br>ien please<br>oval, and i                                                             |                          | ecceased ever in U.S. Al<br>or unknown) (If yes give                                                                       |                                            | 166. SOCIAL SECURITY<br>212-09-006                                |                           | FORMANT<br>rs. El       | izabeth R                       | Add Thompson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | nornto                                       | n Rd.                  |
| at the death c<br>the attending<br>nsit permit. Th<br>matian, or rem                                            | Condit                   | AUSE OF DEATH (Enter of ART I. DEATH WAS CAUS IMMEDIA) ions, if ony, which gove immediate couse (a) g the underlying couse | ED BY: DIATE CAUSE (o)  DUE TO, OR AS  (b) | o for (o), (b), and (c)  Cute 7  A CONSEQUENCE OF  CONSEQUENCE OF | nyoca                     | terio                   | al Ing                          | lase                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | APPROXIMATE INT<br>BETWEEN ONSET AND<br>10-y |                        |
| : The law requires the ratending physician, e has been signed by use as the burial-trailth prior ta burial, cre | 190. D                   | O/ Cesels ATE OF OPERATION 19                                                                                              | al J<br>c. CONDITION FOR WHICE             | CH OPERATION WAS PE                                               | erformed (                | 20o. AUTO               | DPSY? NO [                      | 206. IF YES, WERE FINE<br>CAUSES OF DEATH?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COLUMN                          |                                              | 'ING                   |
| PHYSICIAN: ne haspital or this certificate etached far u Dept. of Heal                                          | Uf eith                  | CCIDENT WAS UNDERLY CONTRIBUTING CAUSE OF DI NET, notify medicol exor NJURY OCCURRED 21                                    | ATH HOUR A.M.                              | Month Doy Yeor                                                    | 9                         |                         |                                 | re of injury in Port 1 or 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Port 2, Item 18.)<br>Count      |                                              | Stote                  |
| by th<br>ffter t<br>ffter t<br>be dd<br>State                                                                   | 22a                      | of work                                                                                                                    | his hasnital) atte                         | nded the deceas                                                   | ed from M                 | 10.5                    | 1967                            | , to Oot 2)<br>death accurred an i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2, 19 <i>68</i><br>the date and | , that (1)<br>haur and t                     | (we) last<br>fram the  |
| may be retained RAL DIRECTOR: A r, page 3 shauld be filed with the                                              | 22b. SI<br>22d. F        | Charles Physician's                                                                                                        | 7. Welter                                  | fant,                                                             | 7. D DEGRE                | ATTENDI                 | DRESS                           | OR STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL STAFF CORNEL ST | 22c. DATE SIG                   | NED 29, 196                                  | P                      |
| TO HOSPITAL Page 4 may TO FUNERAL I director, page shauld be fill                                               | 23o. BURIA               |                                                                                                                            | DATE 10/30/68                              | 23c. NAME OF                                                      | CEMETERY OR C             |                         |                                 | . LOCATION (City or Town                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Balt                            | to. Mo                                       | ote)                   |
| VR A15 3                                                                                                        |                          | L DIRECTOR<br>Chell-Wiede                                                                                                  | fold Warra                                 | ADDRESS                                                           |                           | 21212                   | DATE NOV                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STRAR'S SIGNATU                 |                                              | e E                    |
| SOWI KEY, 1749                                                                                                  | Mitc                     | nell-wiede                                                                                                                 | Terd rome                                  | 0 000 1011                                                        | L Ittle II                | W1616                   | DATE NUV                        | 1 1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Konako                          | No Neces                                     | 3                      |

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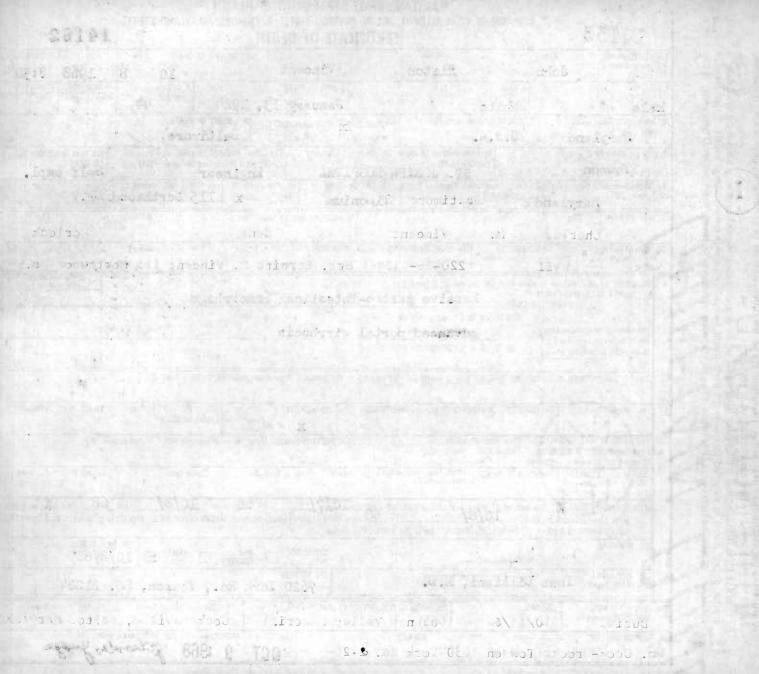
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| 10. CITY OR TOWN OF DEATH   11. MANNE OF HOSPITAL OR INSTITUTION ((I'nd of min hospital)   120. USUAL OCCUPATION ((Kind of wide done done) was street oddies.)   11. MANNE OF HOSPITAL OR INSTITUTION ((I'nd of min hospital)   120. USUAL OCCUPATION ((Kind of wide done)   170. USUAL RESIDENCE (Where deceased lived, if institutions residence before   15. CITY OR TOWN   15. MANOR CITY (I'mp)   175   100   15. MANOR CITY (I'mp)   |     |           | m.                                                                                |                                                            |                                                      |                                         | 4/22/                                         | 1904               | lost birthdoy) 6 4 YRS.  | MONTHS DAYS HO     | DURS MIN.               |
| 120. LISTAD COURT OF COMPTION OF CONTRIBUTION (If not in hospital Mount Wilson   120. LISTAD COURT   120. LISTAD COU   |     | 7o. E     | try)                                                                              |                                                            |                                                      |                                         |                                               |                    |                          | untv               | Md                      |
| SUSTAIR ESTORME (Where decrosed inyed, if institution: Recidence before)   26. CHT OR TOWN   24. OSS PLY MINES   24. OSS PLY   | ,   |           | TY OR TOWN OF DEATH                                                               | 1                                                          | ive street oddress)                                  | NSTITUTION (If not in                   | hospitol 120. USU                             | AL OCCUPATION (K   | ind of work done         | 12b. KIND OF BUS   |                         |
| 160. WAS DECEASED PUE IN U.S. ARMED FORCES?   Yes, no, or unknown    1/1945 yes west of defate al service)   150. SOCIAL SECURITY NO.,   17. INFORMANT   Address   Address   Address   Address   1/1945     | 5   | 130.      | USUAL RESIDENCE (Where                                                            | deceosed lived, if ins                                     | titution: Residence before                           | 13c. CITY OR TO                         | WN 13d. INSIDE CITY                           | LIMITS? 13e. STREE | T AND NUMBER<br>OS Plyon | s miec.            | RJ.                     |
| State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   Stat   | 7   |           | mo                                                                                | urshal                                                     | Tuner                                                |                                         | Cornelu                                       |                    |                          | Crawfor            | lost                    |
| PART 1. DEATH WAS CAUSE NO   DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |           |                                                                                   | .S. ARMED FORCES?<br>res give war or dates of service      | 16b. SOCIAL SECURITY<br>579-09-                      | 7NO. , 17. INFO                         | rmant<br>cords, Mt                            | . Wilso            |                          |                    |                         |
| 190. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20o. AUTOPSY?   20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?   21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   HOUR A.M. Month Doy Yeor   19   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)   19b. Individual of the provided symmetry   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Individual of Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Injury in Port 1 or Port 2, Item 18.)   19b. Inju   |     |           | Conditions, if ony, which<br>rise to immediate couse<br>stating the underlying of | gove (b).<br>(b).<br>ouse DUE TO,                          | OR AS A CONSEQUENCE O                                |                                         | C CEM                                         | YS ROJA            | Scura                    | 2 BETWEEN ONSET    | ANO OFATH               |
| OR CONTRIBUTING   CAUSE OF GEATH   HOUR A.M.   Month Doy Yeor   19   19   19   19   19   19   19   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Z         | PART 2. OTHER SIGNIFICAN                                                          | NT CONDITIONS CONTI                                        | RIBUTING TO DEATH BUT                                | NOT RELATED TO TH                       | IE TERMINAL DISEASE OR                        | CONDITION GIVEN II | N PART 1(o)              |                    |                         |
| OR CONTRIBUTING   CAUSE OF OEATH   HOUR A.M.   Month Doy Yeor   19   19   19   19   19   19   19   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1   | TIFICATIO | 190. DATE OF OPERATION                                                            | 19b. CONDITION FOR                                         | WHICH OPERATION WAS I                                |                                         | YES NO                                        | CAUSES OF          | F DEATH?                 | ONSIDERED IN CERTI | FYING                   |
| While of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work of work  |     |           | OR CONTRIBUTING CAUSE                                                             | of OEATH HOUR A                                            | .M. Month Doy Yea                                    | r<br>19                                 |                                               |                    | in Port 1 or Port 2,     | tem 18.)           |                         |
| 226. SIGNATURE  226. PHYSICIAN'S NAME (Type) William Newcomer, M.D.  227. DATE SIGNED  228. ADDRESS Mount Wilson, Maryland  230. BURIAL, CREMATION, REMOVING (PARTY)  230. DATE  231. NAME OF CEMETERY OR CREMATORY PINEY ROCK CEMETERY  232. REC'D BY REGISTRAR SIGNATURE  233. REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | ME        | 21d. INJURY OCCURRED While Not while                                              | 21e. PLACE OF INJU                                         |                                                      |                                         |                                               |                    |                          |                    |                         |
| DEGREE PHYS. DEGREE PHYS. DIRECTOR TO STAFF PHYS. DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRECTOR TO DIRE |     |           | 22a. I certify that (<br>sow the deceos<br>causes stated o                        | I) (this haspital)<br>sed olive on——<br>abave, (I) (we) (d | attended the decea<br>10/2 / lid) (did not) view the | sed from/<br>19, ond the bady after dec | o/ 22 / , 19_<br>not in (my) (our) op<br>oth. | inian deoth acc    | urred on the do          | te ond hour and    | (we) last<br>d fram the |
| NAME (Type) William Newcomer, M.D. Mount Wilson, Maryland  230. BURIAL, CREMATION, REMBURATION, PINEY ROCK CEMETERY ROCK CEMETERY NELSON COUNTY, VIRGINIA  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |           | 22b. SIGNATURE                                                                    | leven                                                      | ur                                                   |                                         | ATTENDING PHYS.                               |                    | STAFF 🖂 22c.             |                    |                         |
| REMONTR (SPANY) 11-2-68 PINEY ROCK CEMETERY NELSON COUNTY, VIRGINIA  24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1   |           |                                                                                   |                                                            |                                                      |                                         | Mount Wi                                      |                    |                          |                    |                         |
| NA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |           | REMOVAR (IPACITY)                                                                 |                                                            | PINEY                                                | ROCK CE                                 | METERY                                        | NELSO              | ON COUNTY                | , VIRGIN           | (Stote)                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     | 24.       |                                                                                   | SNOWDEN                                                    |                                                      |                                         |                                               |                    |                          |                    | 100                     |

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| 1-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
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| FOR STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                                                                                                                                                                         | 14161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |
| HEALTH DEPT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | DECEASED-NAME First Middle Lost 20. DATE KNOWN Manth                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2b. HOUR  |
| ay is<br>3 ta<br>Page<br>ent af                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | VICENT C. VACEK, JR. DEATH MATED □ 10                                                                                                                                                                   | 11 1968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 5:14    |
| delay<br>and 3<br>M3. Pag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3. S          |                                                                                                                                                                                                         | Year CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2d. HOUR  |
| 2, and PM3. P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | Male   White   10/13/38   29 kg.         October 11                                                                                                                                                     | 1968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5:14M     |
| - 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | /o.           | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED Balto.                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Pages 1, vith farm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | (ITY OR TOWN OF DEATH U.S.A. WIDOWED DIVORCED Balto.                                                                                                                                                    | 12b. KIND OF BUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INESS OR  |
| 0 0 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | Towson   give street address)   St. Joseph Hospital   during most of working life, even if retired.)   Draftsman-Kopper                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| s after de Give I mg w with the death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 13a.          | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER                                                               | o cacin i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2 1/1     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | odmissian) STATE Md. 48b. COUNTY Balto. YES ⊠ NO □ 3417 E. Nor                                                                                                                                          | thern Pki                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y.        |
| haurs<br>Item<br>Office<br>I and 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14. F         | FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle                                                                                                                                   | Los                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ì         |
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| I within 24<br>n pencil in<br>Examiner's<br>File pages<br>1 72 haurs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  16yes give war or dates of service 17-34-3547  Betty L. Vacek (nee McLain)                                   | wife at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0110      |
| d wit<br>in per<br>Exan<br>File<br>n 72                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)                                                                                                                               | APPROXIMATE<br>BETWEEN ONSET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INTERVAL  |
| be executed "pending" in lief Medical E Insit permit. Fevent within                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | PART I. DEATH WAS CAUSED BY:  Craniocerebral injuries  Craniocerebral injuries                                                                                                                          | BEIMEEN ONSEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AND UEATH |
| e execut<br>pending<br>ef Medic<br>isit perm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | 814. 7 DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
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| should be executed be ward "pending" in a the Chief Medical burial-transit permit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
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| s certificate should<br>e, writing the ward<br>farwarded ta the C<br>used as a burial-tr<br>emaval, and in any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| is certific<br>te, writing<br>farwarde<br>e used as<br>remaval,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATION         | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION                                                                                                                                               | 20. AUTOPS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (?        |
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| bical Examiner: se execute the cert setar. Page 4 shault ned far yaur files. tECTOR: Page 3 shou a burial, cremation,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | 22a. I certify that I toak charge af the remains described above, held an Autapsy x Inspection , Inquiry a death resulted from: Notural couses , Accident xx Suicide , Homicide Undetermined manner     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y opinian |
| bicase explease explease explication director.  BIRECTO  To the pure to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to but to  |               | CHIEF MEDICAL EXAMINER                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| TY bease and direct to prior to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | ACTUAL / / / / / / / /                                                                                                                                                                                  | TE SIGNED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |
| DEPUTY Stessary, please exect the funeral director. Por may be retained for FUNERAL DIRECTOR: sealth prior to burial,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | EXAMINER'S DEPUTY MEDICAL EXAMINER OCTO                                                                                                                                                                 | ber 12,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1968      |
| o DEPUTY necessary, p the funeral 5 may be r o FUNERAL Health prio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | NAME (Type) Ronald N. Kornblum, M.D. ADDRESS(Street, city, town, or county)  BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
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| VR A15ME [5]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Si            | chimunek Funeral Home, Inc.                                                                                                                                                                             | rles Judg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4         |
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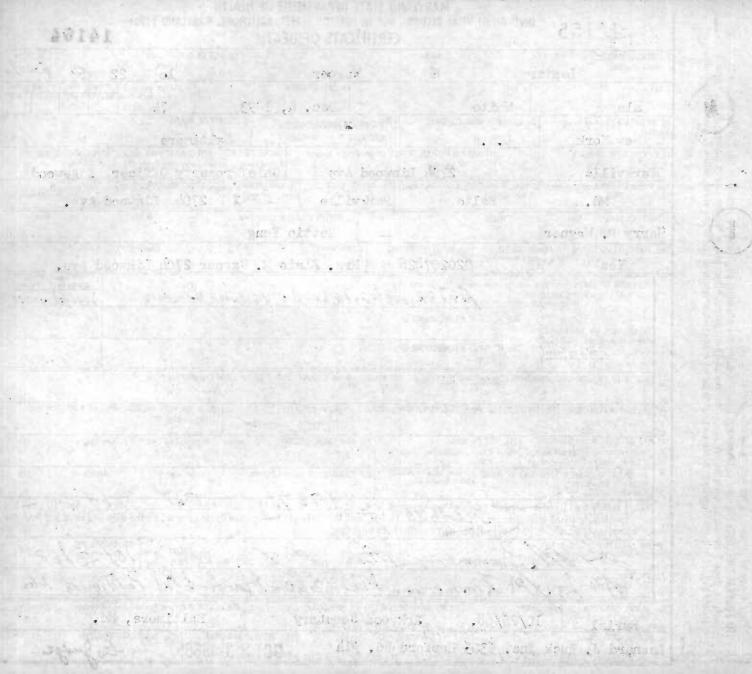
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MARYLAND STATE DEPARTMENT OF HEALTH



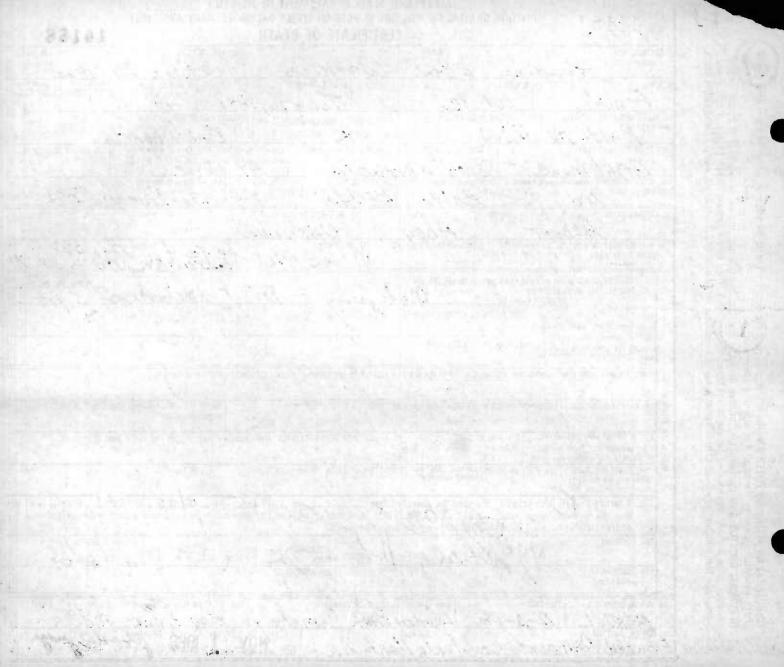
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14157 CERTIFICATE OF DEATH 14166 Middle DECEASED-NAME First Last and 2 death. 2o. DATE OF DEATH 2b. HOUR (Type or print) Month auline burial-transity germit. Then please remave carban papers. Pages 1 burial, cremation, or remaval, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) .⊑ WIDOWED X DIVORCED [ campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddres during most of working life, even if retired.) **INDUSTRY** 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO 🔽 YES 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost physician c 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT (If yes give war or dates of service) Yes, no, or unknown) attending preserved 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) rise to immediate cause (a). signed vy DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (Enter nature of injury in Port 1 or Port 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from , and that in (my) (aur) apinian death occurred an the date and hour and from the 196 saw the deceased alive on\_ director, page 3 should should be filed with the causes stated abave (1) wer (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City of Town) (County) (State) BY REGISTRAR FUNERAL DIRECTOR 2Sa.



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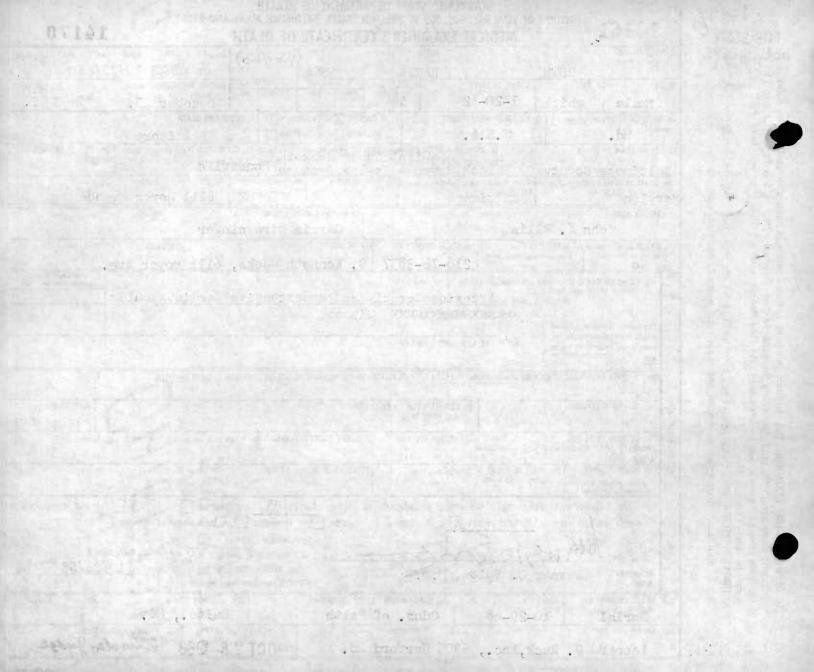
| 14                                                                                    |               | 14159                              | DIVISION OF VI               |                           | OI W. PRESTON STREET                            |                              | , MARYLAND 2120                         | 14168                       | 2                             |
|---------------------------------------------------------------------------------------|---------------|------------------------------------|------------------------------|---------------------------|-------------------------------------------------|------------------------------|-----------------------------------------|-----------------------------|-------------------------------|
| 24 hours after death.  ad in by the funeral paper.  Doas and 2 1/2 hours after death. | 1. DE         | CEASED-NAME Fir                    | rs†                          | Middle                    | Lost                                            | 20. [                        | DATE OF DEATH                           |                             | 2b. HOUR                      |
| ond deoth                                                                             | (1            | ype or print)                      | Marvin                       | Elco                      | Webb                                            |                              | October                                 | 24.1968                     | 3 P.M                         |
| 7                                                                                     | 3. SE         | (                                  | 4. RACE                      |                           | S. DATE OF BIRTH                                | 1                            | 6. AGE (In years lost birthday)         | IF UNDER 1 YEAR MONTHS OAYS | HOURS MIN.                    |
|                                                                                       |               | M                                  | W                            |                           | Nov. 7                                          |                              | 76 Y                                    | rrs. Months Dats            | MUUKS MIN.                    |
|                                                                                       | 7a. E         | IRTHPLACE (Stote or foreign        | 7b. CITIZEN OF WHAT          | COUNTRY?                  | <sup>8.</sup> Married 🔲 Never Marrie            |                              | NTY OF DEATH                            |                             |                               |
|                                                                                       | Mε            | dison Cty.                         | Ga. U.S                      | S. A.                     | WIDOWED DIVORCE                                 |                              | altimore                                |                             | Md.                           |
| 2                                                                                     | 10. 0         | TY OR TOWN OF DEATH                | III NAME                     | OF HOSPITAL OR INST       |                                                 |                              | PATION (Kind of work do                 |                             | USINESS OR                    |
| 10                                                                                    |               | Lutherville                        | 9 404                        |                           |                                                 | Retire                       | orking life, even if retire<br>I Farmer | Farmi                       | ng                            |
| 110                                                                                   | 130.          | USUAL RESIDENCE (Where dece        | eosed liyed, if institution: | Residence before          |                                                 | 100                          | 13e. STREET AND NUMBER                  |                             |                               |
| 7                                                                                     | Odini         | Georgia                            | Jab. COUNTI                  |                           | Bowman "                                        | ES NO                        | North Bro                               | ad St.                      |                               |
| 3                                                                                     | 14. F         | ATHER'S NAME First                 | Middle                       | Lost                      | 15. MOTHER'S MAIDE                              | EN NAME First                | Middle                                  | 9                           | Lost                          |
|                                                                                       |               | Robert                             |                              | Webb                      |                                                 | Unkno                        |                                         |                             |                               |
|                                                                                       |               | WAS DECEASED EVER IN U.S. A        | RMED FORCES? 16              | b. SOCIAL SECURITY NO     | ). 17. INFORMANT                                |                              | Addr                                    | athervil                    | le,Md.                        |
|                                                                                       |               | es, no, or unknown) WW             | T 20                         | 57-28-09                  | 04 Robert M                                     | . Webb                       | 404 Tows                                | on Ave.                     |                               |
|                                                                                       |               | 18. CAUSE OF DEATH (Enter          | dilly one conze her little I | or (o), (b), ond (c).)    | 0                                               |                              | Λ                                       | APPROXIMA<br>BETWEEN ON     | ATE INTERVAL<br>SET ANO OEATH |
|                                                                                       |               | PART I. DEATH WAS CAU              | SED BY:                      | rteus                     | devotec no                                      | a chia                       | vascular                                |                             | ET PARO GERTIN                |
|                                                                                       |               | 2509 IMME                          | Divite Ciose (o)             |                           | 00000                                           | ociona.                      | dusass                                  |                             |                               |
|                                                                                       |               | Conditions, if ony, which gov      |                              | CONSEQUENCE OF            | mellit.                                         |                              | 00-02-0                                 | 235 337 6                   |                               |
|                                                                                       |               | rise to immediate couse (o         | ),( (D)                      | CONSEQUENCE OF            | , acuon                                         | 21                           |                                         |                             |                               |
|                                                                                       |               | stoting the underlying cous        | e DOL TO, OK AS A            | CONSEQUENCE OF            |                                                 |                              |                                         |                             |                               |
|                                                                                       |               |                                    | ONDITIONS CONTRIBITING       | C TO DEATH BUT NOT        | RELATED TO THE TERMINAL D                       | ISEASE OR CONDITIO           | N GIVEN IN PART 1(a)                    |                             |                               |
|                                                                                       |               | 21                                 | cuserus.                     |                           | REGIED TO THE TERMINAL D                        | DENJE ON CONDING             | O.TEN IN TRACT I(u)                     |                             |                               |
|                                                                                       | CERTIFICATION | 100/1                              | b. CONDITION FOR WHICH       |                           | ORMED 20a. AUTOPSY                              | ?                            | 20b. IF YES, WERE FINDIN                | GS CONSIDERED IN CER        | RTIFYING                      |
| 2                                                                                     | FIC           |                                    |                              |                           | YES 🖂                                           | NO 📈                         | CAUSES OF DEATH?                        |                             |                               |
|                                                                                       | CERT          | 21o. ACCIDENT WAS UNDERLY          | YING 21b. TIME OF IN         | JURY                      |                                                 |                              | of injury in Port 1 or Por              | t 2, Item 18.)              |                               |
|                                                                                       |               | OR CONTRIBUTING CAUSE OF D         | DEATH HOUR A.M.              | Month Doy Year            |                                                 | (                            | 101                                     |                             |                               |
|                                                                                       | MEDICAL       | (If either, notify medical exo     |                              | HOME, FARM, STREET, FACTO | DRY 1 21f LOCATION Street o                     | r P F D No                   | City or Town                            | County                      | Stote                         |
|                                                                                       |               | While Not while                    |                              |                           | ORY.) 21f. LOCATION Street o                    |                              |                                         |                             |                               |
|                                                                                       |               | 22a. I certify that (I) (          | this hospital) attend        | led the deceased          | from3<br>, and that in (my)<br>ady after death. | _, 19.63,                    | ta 10-24,                               | 19.68, that                 | (I) (we) last                 |
|                                                                                       |               | saw the deceased                   | alive on 10                  | ZZ 19                     | and that in (my)                                | ( <del>ou</del> r) apinian d | leath accurred an the                   | e date and hour a           | nd fram the                   |
|                                                                                       |               |                                    | ive, (i) (we) (did) (di      | a nat) view the b         | day after death.                                |                              |                                         | 00. DATE CLONED             |                               |
|                                                                                       |               | 22b. SIGNATURE                     | 4. 058ma                     | n for                     | DEGREE ATTENDING PHYS.                          | MED.                         | STAFF PHYS.                             | 22c. DATE SIGNED            |                               |
| 1                                                                                     |               | 22d. PHYSICIAN'S<br>NAME (Type) Dr | Alfred (                     | da Os sma                 | n . Jr . 22e. ADDRES                            | מ נסנו                       | St. Paul S                              | St.                         |                               |
| 1                                                                                     | 00-           |                                    | b. DATE                      |                           | EMETERY OR CREMATORY                            |                              | LOCATION (City or Town)                 | (County)                    | (Stote)                       |
|                                                                                       | 230.          | DEMOVAL (Specify)                  |                              |                           |                                                 |                              |                                         | (county)                    | Ga.                           |
|                                                                                       |               |                                    | 10/26/68                     | 223900A                   | crest                                           | o. REC'D BY REGIS            | Bowman                                  | RAR'S SIGNATURE             | ya.                           |
| 8                                                                                     | 24 I          | EUNERAL DIRECTOR                   | & Sons Co                    | 4905<br>1205              | VANIZ RA                                        | OCT 25                       |                                         | when Judge                  | L                             |

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|          | est present the top of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | pringolis.        |           |          | \$ E      |           |
|          | modern v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1.0               |           |          | tracout.  |           |
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|          | manifer all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | La Siratto (      | 21 - 1    |          | the miles | 350 100 3 |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR deoth. (Type ar print) Month October 4:30 PN George L. Webster IF LINDER I YEAR IF LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years after hoursafter last birthday) DAYS HOURS May 19, 1897 Male White 24 hours 7h. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH þ 7o. BIRTHPLACE (Stote or foreign 8. MARRIED [X] NEVER MARRIED country) .⊑ tronsit permit. Then please remove carbon papers. cremotian, or removal, and in any event, within 72 h U.S.A. WIDOWED DIVORCED [ Baltimore Scot land filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR within during most of working life, even if retired.)
Teacher give street oddress) INDUSTRY pou-Lutherville Seminary Ave. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER ecuted 13b. COUNTY YES 🗀 NO 🗔 Luthervill 14 W. Seminary Ave. Maryland Baltimore 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle First Middle e and requires that the deoth certificate be Elizabeth McIntvre Alexander Webster physician 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes, no, ar unknown) 14 W. Seminary Ave. 219-01-6884 Mrs. Naomi Webster APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-tronsit p Canditians, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or ottending physician. stating the underlying couse prior ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? be detached far use Stote Dept. of Health p YES [ TO FUNERAL DIRECTOR: After this certificate (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M AT HOME, FARM, STREET, FACTORY. 1 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town County OFFICE BUILDING, ETC. While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram Garage tabel 3 19 6 and that in (my) (con) apinian death accurred an the date and have and fram the saw the deceased alive an-3 should director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE STENED 22b. SIGNATURE ATTENDING DEGREE. PHYS DIRECTOR PHYS 22e. ADDRES 22d. PHYSICIAN'S NAME (Type) 23d. LCCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Baltimore, Maryland Moreland Memorial 10/10/68 Cem. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (1) ADDRESS 24. FUNERAL DIRECTOR 1968 Wm. Cook-Brooks Towson 1050 York Rd. 21204 30M REV.

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| FOR STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | . 9           | 1910                            | TOOM                               | MEDI                         | CAL EXA                                              | MINER'S"                                  | CERTIFICA                  | TE OF DE            | ATH        |                        |                | 14170                        | 3         |
| HEALTH DEPT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | ECEASED-NAME<br>Type or Print)  | F                                  | irst                         | M                                                    | iddle                                     | Los                        | WEE                 | KS) 2      | O. DATE KNOW           |                | h Day Yeor                   | 2 HOUR    |
| र व व व                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ,             | ype of rillity                  | RUT                                | TH .                         | В                                                    | BAKER                                     | WEE                        | KS                  |            | OF ESTI-<br>DEATH MATE | XX 10          | /25/68 19                    | P.M       |
| deloy<br>and 3<br>A3. P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3. SI         | X                               | 4. RACE                            | S. DATE OF BI                |                                                      | 6. AGE (In year<br>last birthday)<br>56 y | MONTHS D                   | EAR IF UNDER :      | 24 HRS. 2  | c. DATE PRONO          |                |                              | 2d. HOUR  |
| PM3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | female                          | whit                               | e 1-20-                      | -12                                                  | 56 Y                                      | RS.                        | NI3 NOOK3           | mit.       | Octobe                 | er 23,         | <sup>year</sup> 1968         | P. M      |
| any<br>2, 2,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | BIRTHPLACE (Stote               | e or foreign                       | 7b. CITIZEN OF W             | HAT COUNTRY?                                         | 8.                                        | MARRIED NEVEL              | R MARRIED 🔲         | 9. COUNT   | TY OF DEATH            | Et and         | LOLD SET                     |           |
| es 1,<br>farm<br>te De                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | coun          | md.                             |                                    | U.S                          | Α.                                                   | W                                         | IDOWED 🗌                   | DIVORCED 🗌          | 0.0        | Balti                  | Lmore          |                              | Mo        |
| death any de ve Pages 1, 2, and ye with farm PM3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10. 0         | ITY OR TOWN O                   | F DEATH                            | 11. 1                        | IAME OF HOSP                                         | TAL OR INSTITUT                           | on (If not in hos uper Mai | pual 12a. U         |            | JPATION (Kind          |                |                              | NESS OR   |
| Give Pag<br>Give Pag<br>ang with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ba            | altimore                        | e Count                            | y Lo                         | och Rav                                              | en & Ta                                   | vlor Ave                   | enues H             | วนิริย์พ   | Arking life, ev        | en it retired. | ) INDUSTRY                   |           |
| 18. Give                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13a.          | USUAL RESIDEN                   | CE (Where dece                     | eased lived, if instit       | ution: Residen                                       | ce before 13c. C                          | TY OR TOWN                 | 13d. INSIDE CITY L  |            | 3e. STREET AND         |                |                              | 1160      |
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| haurs<br>Item 1<br>Office<br>office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 14. F         | ATHER'S NAME                    | First                              | Middl                        | е                                                    | Lost                                      |                            | MAIDEN NAME         |            |                        | Middle         | Lasi                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                 | ohn F.                             |                              | -1914                                                |                                           | Carr                       | rie Stra            | aysin      | ger                    |                |                              |           |
| hin 24<br>ncil in<br>niner's<br>pages<br>hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | WAS DECEASED EV                 |                                    | D FORCES?                    | 16b. SOCIAL S                                        |                                           | 17. INFORMANT              |                     |            |                        | DDRESS         |                              |           |
| s within n pencil Examine File page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1,            | es, no, or unknow<br>No         | viii) (ii yes g                    | ive war or ouses or service) | 216-1                                                | 4-3837                                    | C. Kenr                    | neth Wee            | eks,       | 6111 M                 | oyer A         | ve.                          |           |
| be executed with perioding in perioding in perioding in periodic Example I and periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the periodic in the |               | 18. CAUSE OF                    | DEATH (Enter                       | only one cause per           | line for (a), (b)                                    | ), ond (c).)                              |                            |                     |            |                        |                | APPROXIMATE<br>BETWEEN DNSET | ANO OEATH |
| be executed "pending" in ief Medical Ensit permit. Fevent within                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | PARI I. L                       | DEATH WAS CAU                      | DIATE CAUSE (a) A1           | rterios                                              | cleroti                                   | c and Hy                   | ypertens            | sive       | Cardio                 | ascul          | ar                           |           |
| exe<br>endi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | 4120                            |                                    |                              | ACKAN MANAGEN AND AND AND AND AND AND AND AND AND AN | XXXXXXX                                   | Disease                    |                     |            |                        |                | A STATE                      |           |
| be ip hief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                 | any, which gave<br>liote couse (o) | (b)                          |                                                      |                                           |                            |                     |            |                        |                |                              |           |
| vard<br>he Ch<br>he Ch<br>any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                 | nderlying cous                     |                              | R AS A CONSEC                                        | QUENCE OF                                 |                            |                     |            |                        |                |                              |           |
| shauld be en ward "per or the Chief" burial-transit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2             | last.                           |                                    | (c)                          |                                                      |                                           |                            |                     |            |                        |                |                              |           |
| This certificate should be executed within 24 icate, writing the ward "pending" in pencil in be forwarded to the Chief Medical Examiner's be used as a burial-transit permit. File pages or removal, and in any event within 72 hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | PART 2. OTHER                   | SIGNIFICANT CO                     | NDITIONS CONTRIBU            | ING TO DEATH                                         | BUT NOT RELAT                             | D TO THE TERMIN            | IAL DISEASE OR C    | ONDITION   | GIVEN IN PART          | 1(0)           |                              |           |
| verificate writing the provided to a seed as a moval, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO            | 495                             | У                                  |                              | Trac course                                          |                                           |                            |                     |            |                        |                | Les Masses                   |           |
| certification or write or war used mova                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CATI          | 19a. DATE OF O                  | PERATION                           |                              |                                                      | ON FOR WHICH (<br>REORMED?                | PERATION                   |                     |            |                        |                | 20. AUTOPSY                  |           |
| This certific icate, writin be forward as d be used as or removal,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CERTIFICATION | D) FVTFBalds                    | CALICE WAS                         | Tour Time of                 |                                                      |                                           | Las many minis             | W occupant of       |            |                        |                | YES X                        | NO 🗌      |
| # p = 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 21o. EXTERNAL<br>PRIMARY O      | R CONTRIBUTING                     |                              | INJURY Month<br>.M.                                  |                                           | 216. HUW INJUK             | RY OCCURRED (En     | ter noture | of injury in Po        | rt 1 or Port 2 | , Item 18.)                  |           |
| INER: Le certifi should files- 3 shauld natian, c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MEDICAL       | CAUSE OF DEAT<br>21d. INJURY OC |                                    | e. PLACE OF INJURY           | .M.                                                  | 19                                        | 214 LOCATION S             | treet or R.F.D. No. |            | City or Tow            |                | County                       | C4 - 4 -  |
| ₹ + 4 ± 9 ±                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ~             |                                 | IOT WHILE                          | factory, office buildi       |                                                      | n, street,                                | ZII. LOCATION 3            | ireel of K.P.D. No. |            | City or low            | n              | County                       | Stote     |
| 7 0, - 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                 |                                    | 1. 1.1                       | 1                                                    | 1 1 1                                     | 1.11                       | . (55)              |            |                        | 1 :            |                              |           |
| ICAL E executar. Page ed far CTOR: Burial,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                 |                                    | I took charge of             |                                                      |                                           |                            |                     | `          | ection [],             | Inquiry        |                              | y opinion |
| olease edirectal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | deoth re                        | sulfed from:                       | Noturol cou                  | ises X,                                              | Accident                                  | , Suicide [                |                     |            | Undetermin             | ned monne      | er 🔲                         |           |
| Tr. Die geral direct be retaine RAL DIRE prior to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1             | ACTUAL                          | Mes                                | .01                          | った                                                   | 2_                                        |                            | CHIEF MEDICAL       |            | _                      | 22h DA         | TE SIGNED                    |           |
| Pri<br>Pri<br>Pri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | SIGNATURE _                     | 1 70                               | myh.                         | XX                                                   |                                           | M.D.                       | ASSISTANT MEDICA    |            |                        |                | 10/26/68                     |           |
| O DEPUT: DICAL EN INCESSORY, please exect the funeral director. Possory is may be retained for DEUNERAL DIRECTOR: Health prior to burial.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | EXAMINER'S<br>NAME (Type)       | Wern                               | ner U. Sp                    | itz, M.                                              | D.                                        |                            | ADDRESS(Street      |            | _                      | 9.04           | 10/20/00                     |           |
| o DEPunetesson the function of Function of Function Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 230           | BURIAL, CREMA                   | TION, 2                            | 3b. DATE                     | 230                                                  | NAME OF CEMETI                            | RY OR CREMATOR             |                     |            | OCATION (City          | or Town)       | (County) (S                  | tate)     |
| h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | Buria.                          | y)                                 | 10-29-68                     |                                                      | dns. of                                   |                            | 7 2 15              |            | Balto.,                |                | (                            |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 24.           | FUNERAL DIRECT                  |                                    |                              |                                                      | ADDRESS                                   |                            | 2So. REC'E          | _          |                        |                | R'S SIGNATURE                |           |
| VR A15ME (5)<br>10M REV. 1/68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | Leona                           | rd J. F                            | Ruck, Inc.                   | 5305                                                 | Harford                                   | Rd.                        | DATEOC              | T 2 8      | 3 1968                 | gely           | when Judy                    | 4         |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14171 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) **OCTOBER** Month AUGUST JOHN WETS IF UNDER 1 YEAR 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) DAYS MALE 12 11 08 WHITE remave carban papers. Pagans any event, within 72 haurs within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED campletely filled in COMMARYIAND U.S.A. WIDOWED DIVORCED [ BALTIMORE 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY FORT HOWARD CITY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odnMACRY LAIND 13b. COUNTY YES BALTIMORE NO 405 MONTFORD AVENUE and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Lost Middle Lost ADAM WETS MARY STERN attending physician undermit. Then please 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) ar remayal, 215 03 9205 CLIN. REC., VAH, FORT HOWARD, MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH the death PART I. DEATH WAS CAUSED BY CARCINOMA, RECTO-SIGMOID, FAR ADVANCED 15 MONTHS IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ? burial-transit requires that rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [ Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while ot work 220. I certify that (this hospital) attended the deceased from Oct. 8, 1968, ta Oct. 17, 1968, that (K (we) last saw the deceased alive on October 17, 1968, and that in (My) (our) opinion death occurred an the date and haur and from the couses stated above, ( (we) (did) ( with view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 10 17 68 , page 3 be filed DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Page 4 may NAME (Type) VET. ADM. HOSP., FT. HOWARD, MARYLAND A. LOPEZ, M. D. directar, shauld by ALFONSO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION (Stote) (County) BURYAN Decify) BALITIMORE BALTIMORE NATIONAL MARYLAND 0-21-68 Addition A. Miller 250. 24. FUNERAL DIRECTOR 2334 Jefferson St. Off

Baltimore, Md.

| TALAL       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            | Amhr. L  | × .                                         |
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|             | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20 83      | 300        |          | OHALTON M                                   |
|             | CANCELLAS :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | JACK       | graf       |          | Work Page                                   |
| MILLYA 0797 | Ling got Libits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |            |          | OMNIYSA:                                    |
| Daniel .    | 1570                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |            |          | THE INIA                                    |
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|             | 11000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | dimitant s |            |          | varius.)                                    |
|             | Residence Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1,02 1,02  | 4 1        | 4 4      |                                             |

| FOR STATE                                                                                                                                                                                                                                                                                                                                           |               | 16163 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14172                                        |
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| HEALTH DEPT.                                                                                                                                                                                                                                                                                                                                        | 1. D          | ECEASED-NAME First Middle Last Wolch 2a, DATE KNOWN Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Day Year 2b. HOUR                            |
| S & B VE                                                                                                                                                                                                                                                                                                                                            |               | WILLIAM   NOMAS WELLSH DEATH MATED   OCT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
| delay<br>and 3<br>M3 fro                                                                                                                                                                                                                                                                                                                            | 3. 5          | a di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la constanti di la consta | 2d. HOUR                                     |
| Partru partru                                                                                                                                                                                                                                                                                                                                       |               | 001,7 21902 66 YRS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13, Year 19 68 5:00 P                        |
| - TE \A                                                                                                                                                                                                                                                                                                                                             | caun          | BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NIDOWED DIVORCED Baltimore                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>.</b>                                     |
| Pages 1<br>Arth farm                                                                                                                                                                                                                                                                                                                                | 10. (         | ITY OR TOWN OF DEATH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12b. KIND OF BUSINESS OR                     |
| 0 0                                                                                                                                                                                                                                                                                                                                                 |               | JINA? Woodlawn give street address) Union Hospital during most of warking life, even if retired.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MOUSTRY tik                                  |
| s after<br>18. Giv<br>alang<br>2 with                                                                                                                                                                                                                                                                                                               | 13a.          | USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CI                                           |
| r de                                                                                                                                                                                                                                                                                                                                                |               | 7114 :: 1:152170 INC. 7367 CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N O T                                        |
| hin 24 haurs after death<br>notil in Item 18. Give Plages<br>niner's Office along With Tal<br>pages 1 and 2 with the State<br>haurs after death.                                                                                                                                                                                                    | 14. 1         | Thomas (1/1/112m Welch Caroline Myens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Last                                         |
| hin 24<br>ncil in<br>niner's<br>pages<br>haurs                                                                                                                                                                                                                                                                                                      |               | WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17, INFORMANT / ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | //                                           |
| within<br>pencil<br>xaminet<br>ile page<br>72 hau                                                                                                                                                                                                                                                                                                   | (Y            | es, ph, or unknown) (It yes give war or dates of service) 214035320M11clred Welch 1501 Cox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |
| INER: This certificate shauld be executed within 24 haurs after e certificate, writing the ward "pending" in pencil in Item 18. Givshauld be farwarded to the Chief Medical Examiner's Office along files.  3 should be used as a burial-transit permit. File pages I and 2 with thatian, ar remaval, and in any event within 72 haurs after death. |               | 1B. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH |
| be execute<br>"pending"<br>ief Medical<br>nsit permit                                                                                                                                                                                                                                                                                               |               | 21/ CO IMMEDIATE CAUSE (a) EPITEPSY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |
| e ex<br>pend<br>of M                                                                                                                                                                                                                                                                                                                                |               | DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |
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| the slata data                                                                                                                                                                                                                                                                                                                                      | 18            | (c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |
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| writ<br>writ<br>rwa<br>rwa<br>rwa                                                                                                                                                                                                                                                                                                                   | CERTIFICATION | 19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20. AUTOPSY?                                 |
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| INER<br>e ce<br>shau<br>files<br>3 sha<br>atia                                                                                                                                                                                                                                                                                                      | MEDICAL       | CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street at R.F.D. No. City or Tawn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County State                                 |
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| 7 0, 1                                                                                                                                                                                                                                                                                                                                              |               | 22o. I certify that I took charge of the remains described above, held on Autopsy 🗷, Inspection 🔲, Inquiry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ond in my opinion                            |
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| please<br>I director<br>retained<br>L DIREC                                                                                                                                                                                                                                                                                                         | 7             | ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |
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| O DEPUTY DICAL EN necessary, please exect the funeral director. Pa 5 may be retained far O FUNERAL DIRECTOR: Health priar to burial,                                                                                                                                                                                                                | Mi            | EXAMINER'S Edward F. Wilson, M.D. DEPUTY MEDICAL EXAMINER OCT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ober 14,1968                                 |
| necentre the first for First Hee                                                                                                                                                                                                                                                                                                                    | 239           | BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Caynty) (State)                             |
| 28                                                                                                                                                                                                                                                                                                                                                  | L             | ONIZI OCT 111968 ST/112465 (NEMPOLEN) VCG12NU HVE 132                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 16 Mcl                                       |
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| 10M REV. 168                                                                                                                                                                                                                                                                                                                                        | 1/2           | Ovgee funevel Home Balto My DATE OCT 21 1968 Julia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nes Jung                                     |
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14166 CERTIFICATE OF DEATH DECEASED-NAME Middle Inst 2a. DATE OF DEATH 2b. HOUR (Type or print) Lvell Wellemeyer Sr S. DATE OF BIRTH IF UNDER 1 YEAR please remave carbon papers. Pages 1 and in any event, within 72 haurs after 3. SEX 4 RACE 6. AGE (In years IF LINDER 24 HRS the attending physician and campletely filled in by the sit permit. Then please remave carbon papers. Pages last birthday) MONTHS DAYS White Male April 10,1901 be executed within 24 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Towa Baltimore U.S.A WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Great dddress) Med. Center during most of working life, even if retired.) Steel Baltimere 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE Maryland 186. COUNTY YES 😓 NO [ 3624 Delverne Rd Baltimore 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Wellemeyer Amanda Sage George 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address requires that the death certifical Yes, no, or unknown) (If yes give war or dates of service) or remaval, 213-09-3893 Mrs Naemi L Wellemever Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) \_\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL MISEASE OR CONDITION GIVEN IN PART 1601 TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? returned finer YES 🗍 NO P 216, TIME OF INJURY 421c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 6.0, 19.68, ta 10-9, 19.68, that (I) (we) last saw the deceased alive an 10-8, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE director, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S John J. Fahey, M. D. NAME (Type) St. Paul Street, Baltimore 21202 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) BEMOVAL (Specify) 10/12/68 Baltimore, Maryland Parkwood ADDRESS 24. FUNERAL DIRECTOR VR A15/4 Leonard J Ruck Inc. Baltimere Maryland

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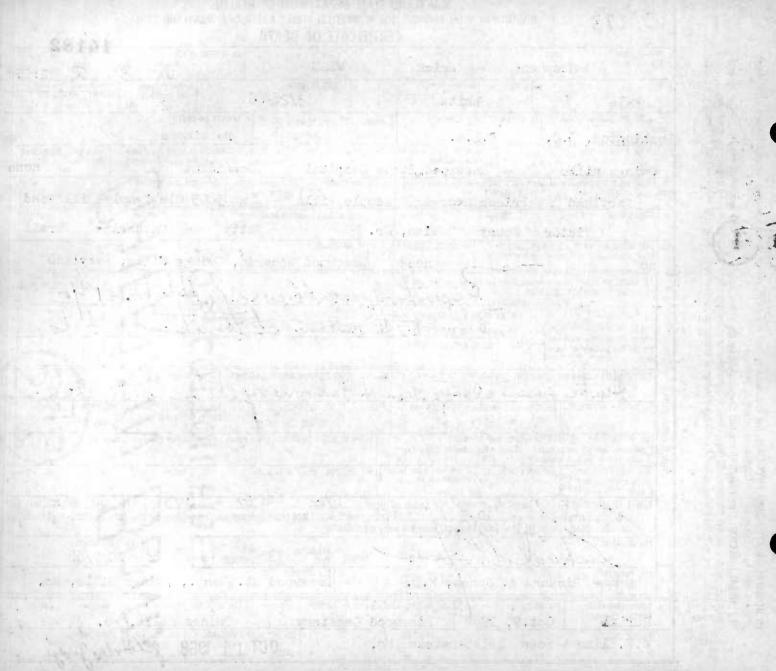
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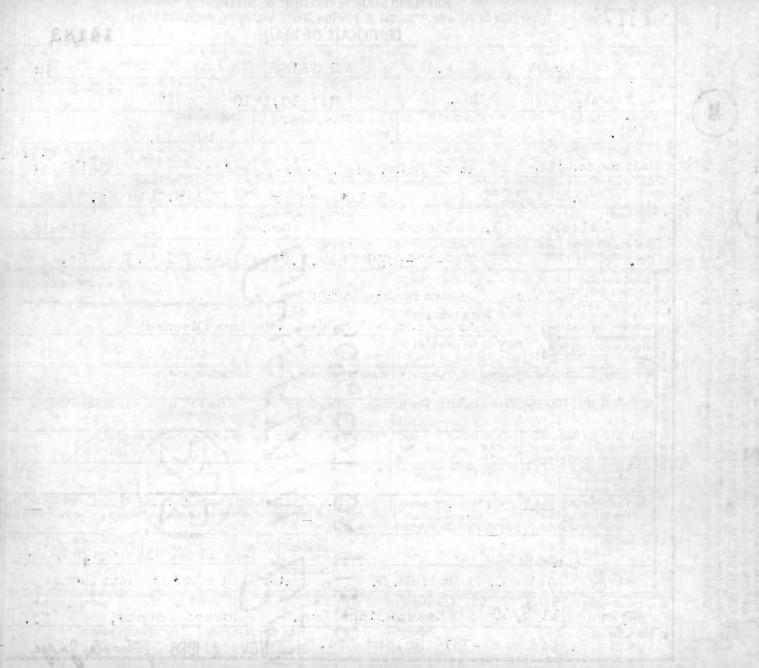
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| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                                   |                                                                      | D STATE DEPARTMENT OF                |                                                     |                                              |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -             | 14178                                                             | DIVISION OF VITAL RECORDS,                                           | 301 W. PRESTON STREET, BA            | LTIMORE, MARYLAND 21201                             |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | T 3 T 9 16                                                        |                                                                      | CERTIFICATE OF DEATH                 | 1                                                   | 14181                                        |
| LA YE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | CEASED-NAME First                                                 | Middle                                                               | Lost                                 | 2a. DATE OF DEATH                                   | 2b. HOUR                                     |
| 5/17 to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (1            | ype or print) Mar                                                 | VE                                                                   | Winkler                              | Month Day                                           | Year 7. PM                                   |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. SE         |                                                                   | 4. RACE                                                              | S. DATE OF BIRTH                     | 6. AGE (In years                                    | IF UNDER 1 YEAR   IF UNDER 24 HRS.           |
| s after<br>the<br>ages b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | F             | emale                                                             | White                                                                | Sept /                               | 18-90   last birthday)   7 3 YRS.                   | MONTHS DAYS HOURS MIN                        |
| haurs on by the s. Pag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 70.           | 9                                                                 | 7b. CITIZEN OF WHAT COUNTRY?                                         | 0                                    | 9. COUNTY OF DEATH                                  |                                              |
| t haurs<br>in by<br>ers. Pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | cani          | What Nows Va                                                      | 11.5 A                                                               | MARRIED NEVER MARRIED UVORCED        | Baltinore                                           | Md.                                          |
| n 24<br>Illed<br>pap<br>pap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10. 0         | ITY OR TOWN OF DEATH                                              | 11. NAME OF HOSPITAL OR IN                                           | TITUTION (If nat in hospital 12a. U  | ISUAL OCCUPATION (Kind of work done                 | 12b. KIND OF BUSINESS OR                     |
| mote) within 24 haurs after maletely filled in by the ve carban papers. Pages event, within 72 haurs after 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1             | herlea                                                            | give street oddress)                                                 |                                      | most of working life, even if retired.)             | INDUSTRY                                     |
| nt ar ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                                   | d lived, if institution: Residence befare                            | 13c. CITY OR TOWN 13d. INSIDE C      | TY LIMITS? 13e. STREET AND NUMBER                   |                                              |
| and comp<br>remove c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | adm           | ssian) STATE Mary Innd                                            | 13b. FOUNTY:                                                         | Overlea YES                          | NO 3911 Over                                        | lea Ave.                                     |
| ind coming on any even                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14. 1         | ATHER'S NAME First                                                | Middle Last                                                          | 1S. MOTHER'S MAIDEN NAM              | E First Middle                                      | Last                                         |
| - 0 - H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | Volfaang                                                          |                                                                      | ger Marea                            | ret Meye                                            | e V                                          |
| ician of lease and ii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 16a.          | WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give we |                                                                      |                                      | Address                                             |                                              |
| ATENDING PHYSICIAN: The law requires that the death certificate that the haspital ar attending physician.  GTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please with the State Dept. af Health priar ta burial, crematian, ar remayal, and in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | A/O                                                               | 2/2-01-2                                                             | 153B Herman 1                        | Winkler 3911                                        | Overlea Ave.                                 |
| ne death ce<br>attending  <br>permit. The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               | 18. CAUSE OF DEATH (Enter and                                     | y one couse per line for (a), (b), and (c).                          |                                      |                                                     | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| eath<br>andi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | PART I. DEATH WAS CAUSED IMMEDIA                                  | TE CAUSE (a) Uram                                                    | in                                   |                                                     | 2 who                                        |
| atte<br>an,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               | 1821                                                              | DUE TO, OR AS A CONSEQUENCE OF                                       |                                      | + '+1                                               |                                              |
| the sit punction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | Canditians, if any, which gave nise ta immediate couse (a),       | (b) adenoc                                                           | arcinora of a                        | ileres will                                         | 1965                                         |
| tha<br>an.<br>by<br>rran                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | stating the underlying cause                                      | DUE TO, OR AS A CONSEQUENCE OF                                       | ++                                   |                                                     |                                              |
| ries<br>/sici<br>ned<br>ial-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | last.                                                             | (1)                                                                  | relasiones                           |                                                     |                                              |
| The law requires that the attending physician. That be as the burial-transit he priar ta burial, cremati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | PART 2. OTHER SIGNIFICANT CON                                     | DITIONS CONTRIBUTING TO DEATH BUT N                                  | OT RELATED TO THE TERMINAL DISEASE ( | OR CONDITION GIVEN IN PART 1(a)                     |                                              |
| w rading een the tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NO            | 1171                                                              |                                                                      |                                      |                                                     |                                              |
| The law ratending has been se as the h priar ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CERTIFICATION | 19a. DATE OF OPERATION 19b. (                                     | ONDITION FOR WHICH OPERATION WAS PE                                  |                                      | 20b. IF YES, WERE FINDINGS CO                       | ONSIDERED IN CERTIFYING                      |
| AN: The ol or atticate ha for use Health !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ERT           | 21a. ACCIDENT WAS UNDERLYING                                      | Con the or willow                                                    | 7 115 110                            |                                                     | A 10.)                                       |
| al al al for for Hec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SE            | OR CONTRIBUTING CAUSE OF DEATH                                    | HOUR A.M. Month Doy Year                                             | ZIC. HOW INJUST OCCURRED (E          | inter noture of injury in Port 1 or Port 2, I       | rem 18.)                                     |
| rysicial<br>naspital<br>certifica<br>ched fo<br>pt. af H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WED!(         | (If either, notify medical examin                                 |                                                                      |                                      | N. C. T                                             | Charles                                      |
| PHYSICI<br>ne haspith<br>this certif<br>etached<br>Dept. af                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -             | William Livet William                                             | PLACE OF INJURY (AT HOME, FARM, STREET, FAC<br>OFFICE BUILDING, ETC. | 211. LOCATION Street or R.F.D.       | No. City ar Town                                    | County Stote                                 |
| State [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | at work at work                                                   | - h 2 - N 4 - 4 - 4 - 4 - 4                                          | 15000 11000 10                       | 0 = to 1202 10                                      | / % Ab m A / 1\\ / \                         |
| DIN<br>By<br>Affer<br>Star                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | saw the deceased al                                               | s hospital) attended the decease                                     | 9 68 and that in (my) (our)          | 952, ta OCT, 19<br>opinian death accurred an the da | te and have and from the                     |
| OR ATTENIOR DIRECTOR: A Should be with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | causes stated abave                                               | (I) (we) (did) (did-not) view the                                    | bady after death.                    | opman seam accomed an me ad                         | to disc sidos disc statis ino                |
| A State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta |               | 22b. SIGNATURE                                                    | 100/                                                                 | ATTENDING P                          | MED. STAFF 22c. I                                   | DATE SIGNED                                  |
| OR be red weed w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | Enance                                                            | 100/ / 201                                                           | DEGREE PHYS.                         | DIRECTOR PHYS.                                      | 92,68                                        |
| TAL AL Dag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               | 22d. PHYSICIAN'S Physician's NAME (Type)                          | Jec M. Kerr                                                          | MD 22e, ADDRESS                      | B- 2 Bd                                             | B= 24 6141                                   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                                   |                                                                      | 1-00/0                               | 100 100 VIOLE                                       | 1000                                         |
| HC direct Share                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23a.          | BURIAL, CREMATION, 23b. D<br>REMOVAL (Specify)                    | ATE 23c. NAME OF                                                     | CEMETERY OR CREMATORY                | 23d. LOCATION (City or Tawn)                        | (County) (State)                             |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 24            | BUY IQ I (/C                                                      | ADDRESS                                                              | more National Co                     | D BY REGISTRAR 2Sb. REGISTRAR'S                     | SIGNATURE                                    |
| VR A15 TSV<br>30M REV V 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1             | D. DD. I Brain                                                    | Inc 7/11/ R. L.                                                      | DATE O                               |                                                     |                                              |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | L             | TIPE Vros                                                         | IIIc. III Delan                                                      | - /19 . DAIE U                       | 01 2 2 1000                                         |                                              |

14181 the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th age of the early shall be a top and the last of the state of the early and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1418 1. DECFASED-NAME First Middle Last 2g. DATE OF DEATH HOUR (Type or print) William T. P. M Young 3. SEX 4. RACE S. DATE OF BIRTH IF LINGER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years within 24 haurs after last birthday) OAYS HOURS male white 9-13-1899 69 YRS directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pa should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 hours ely filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) U.S. WIDOWED | DIVORCED Maryland Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
St. Joseph Hospital during mast of working life, even if retired.) INDUSTRY Towson 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER et 13d. INSIDE CITY LIMITS? 13b. COUNTY YES -NO T 523 N. Potomac St. Maryland Baltimore 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Young Emma. 4eorae 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) Mrs. Mary Young 523 Potomac St 1B. CAUSE OF DEATH (Enter only one cause per line for (α), (b), and (c).) PART I. DEATH WAS CAUSED BY:
Massive BETWEEN ONSET AND DEATH Massive acute myocardial infarction IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES X NO 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (X (this haspital) attended the deceased from 9-29, 19 00, ta 10-9, 19 00, mai Nu (we) just care the deceased glive an 10-9-19 00, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** 10/10/68 DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Cillighi, M.D. NAME (Type) 7620 York Road, Baltimore, Md. 21204 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, BEMOVAL (Specify) Western (emetery Baltimore (i 2Sa. REC'D BY REGISTRAR 19682Sb. 24. FUNERAL DIRECTOR VR A15 [2] 30M REV.

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